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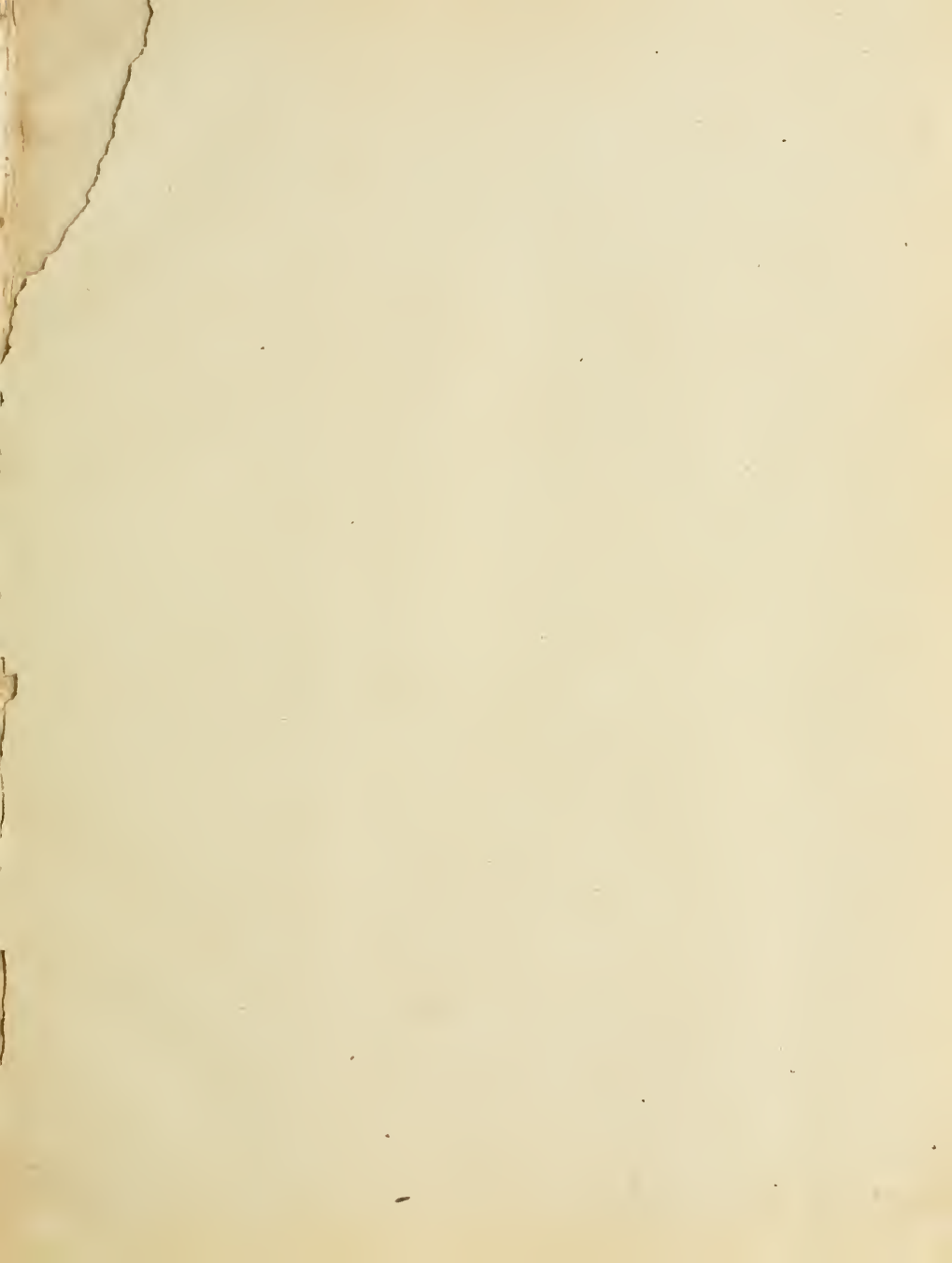


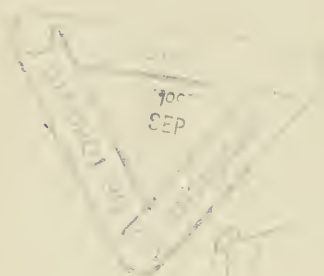
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# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### A NEW DANGER.

One by one, as dangers threatening the liberties of trained nurses have risen on the horizon, attention has been called to them in this JOURNAL, which, as the official organ of the organized nurses in the United Kingdom, holds a watching brief on their behalf, and one by one, by concerted action, they have been overcome. We have only to remind our readers of the scheme devised in 1905 by seven financiers of the City of London, who sought to obtain wide powers of control over nurses from the Board of Trade, and of the introduction by the Central Hospital Council for London of the Official Directory of Nurses Bill into the House of Lords in 1908, to prove that professional conscience is a force more potent than wealth or social influence, when directed aright.

Owing to the publicity given in THE BRITISH JOURNAL OF NURSING to these schemes, secretly discussed and promoted, both were successfully frustrated. The Financiers' Scheme can never be resuscitated with any hope of success, and only last July, when, as a member of a Deputation in support of Nurses' Registration to Mr. McKenna, then Home Secretary, we drew attention to the useless and dangerous substitute, the Nurses' Directory Bill, offered by the Central Hospital Council for London, we had the satisfaction of receiving, in the Home Secretary's Reply to the Deputation, the assurance that he fully appreciated our contention that an Official Directory of Nurses would tend to mislead the public, and that he would never be a party to the proposal.

Now we are confronted with a new danger. Writing in the *Weekly Irish Times* of June 19th, Lord Knutsford states that he wants "the Education Department to recognize good Training Schools of Nurses, and to register them. . . . This would guarantee the schools, and not the nurses, which is an all-important difference."

Concerning this latest proposition on the part of the opposition, the details of which are not available, we must at once point out that whenever employers seek to secure legislation,

whether through Departmental action, or otherwise, without consulting the workers concerned, it must be obvious to the least suspicious that such legislation is not framed in the interests of the class to be governed.

The proposition for the registration of training schools is no new one. In Clause 12 of the Nurses' Registration Bill it is provided that those candidates who present themselves for the examination prescribed by the General Council for the Registration of Nurses in the United Kingdom, which, after the conclusion of the term of grace, they must pass before they can be registered, must satisfy that Council that they have had not less than three years' training, under a definite curriculum prescribed by the Council, in the wards of approved hospitals or other institutions. It follows that just as the Central Midwives Board publishes a list of approved training schools, so the General Nursing Council would do likewise.

The question really at issue is not whether the schools shall be registered or not, but whether the nurses themselves shall have any power to define those worthy of registration, and thus some measure of self government. That is the point round which the opposition has always, and will always, centre until the Nurses' Act is placed upon the Statute Book. And this is what has to be fought when Lord Knutsford uses his social influence to induce a Government Department to legislate for trained nurses without their knowledge or consent.

In once more taking up the gauntlet which has been thrown down by the anti-registration protagonist, there is some consolation that a Labour Minister rules at the Board of Education, and that it would be contrary to the ethics of Labour to legislate for any class of workers, even women, without at least affording them an opportunity of expressing their point of view on a matter which is of such vital importance not only to their educational, but to their economic condition.

The nursing profession knows its own objective to be straight ahead, and does not intend to be side tracked and diverted from its purpose.



## OUR PRIZE COMPETITION.

MENTION THE ANIMAL PARASITES WHICH MAY BE FOUND ON THE SURFACE OF THE BODY. EXPLAIN WHAT METHODS YOU WOULD ADOPT FOR THEIR REMOVAL.

We have pleasure in awarding the prize this week to Miss Madeline J. Butter, Rosemount School Hospital, Aberdeen.

### PRIZE PAPER.

The word "parasite" is derived from the Greek word *para*, beside; and *sitoo*, I feed. Parasites are low forms of animal or vegetable life which live upon other animals or plants, from which they obtain their nourishment, and it is generally believed that epidemic diseases are produced by similar organisms.

The parasites which are to be found on the surface of the body are the several species of louse and itch, usually called the "external animal parasites."

### PEDICULUS CORPORIS.

Firstly, the *Pediculus Corporis*, or body louse, and *Pediculus Pubis*, or crab louse, are generally to be found in the folds of the underclothing, and only frequent the skin at intervals when in search of food. However, it is a familiar fact to the majority of nurses that when a person is in a "run down" state of health these troublesome creatures become a daily pest to our poor sufferers, as their number seems daily to increase. Again, where the daily use of soap and water is not indulged in, and where clothing is not regularly changed, they are frequently found; for example, the poor class of people and children who live in the unhealthy alleys and slums of our big cities, and who have no idea of cleanliness, are generally in a verminous condition.

The methods I would adopt for their removal are: Give the affected person a hot bath, with the addition of a few ounces of strong disinfectant, such as Izal or Cyllin, and the free use of a disinfectant soap well rubbed into the skin, and should there be any sign of eruption over the body, I should apply sulphur ointment. As to the underclothing, it should be steeped in boiling water, to which some disinfectant has also been added, and, when dried, it should be ironed with very hot irons, so as to kill the parasites and their eggs. Literally speaking, the underclothing should really be baked. Should this fail, burning it is then the surest and safest method.

### ACARUS SCABIES.

Secondly, the *Acarus Scabies* is a minute animal parasite which causes the disease known as scabies, or itch, and in appearance resembles a cheese mite, and is most often to be found in the poorer class of people who are not particular in the cleanliness of their person. The male *Acarus* is smaller than the female, and it is the female who burrows in the epidermis and there lays its eggs, and it is on account of these burrowing operations that the disease so quickly spreads. The itch is very contagious, the shaking of hands being sufficient to spread infection.

The methods I would adopt for removal are: Hot disinfectant baths daily for ten days, with the free use of soft soap well rubbed into the skin, and when the body is thoroughly dried, sulphur ointment should be applied. The patient's clothing and bedclothes should be steeped in boiling water for twenty-four hours, otherwise the disease is liable to recur. Generally, the contact with sulphur is sufficient to kill these parasites.

### PEDICULUS CAPITIS.

Thirdly, we must not forget to mention the *Pediculus Capitis*, or head louse, as, although these lice are generally to be found in the head, they are sometimes to be found crawling down to the body in search of more food. They are especially found in the heads of children, running amongst the hairs, and multiplying with wonderful rapidity by means of their eggs, called nits, and the irritation which those lice produce often causes the person to scratch so much, that an inflammation of the head is caused, called "impetigo," and it is often the case that the head has to be shaved when this occurs.

The methods I would adopt for their removal are: I would endeavour to destroy the lice by first thoroughly washing the head with a solution of hot water and weak cresol, and then when the hair was fairly dry I would take the worst away by a small-tooth comb; then I would rub the well-known white precipitate ointment thoroughly into the roots of the hair with my fingers, thus saturating it. As a rule, the precipitate ointment generally destroys them. I should also small-tooth comb it daily for a week, with the frequent use of the above-named ointment.

This treatment, however, will not destroy the nits, which adhere so firmly to the hairs. For their removal the head should be bathed with vinegar and water, and a small-tooth comb be used for some days afterwards. If

vinegar should not be convenient at the time, or rather too expensive, paraffin would prove a good substitute. If all these means fail the head may have to be shaved.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss Linda M. Smith, Miss J. G. Gilchrist, Miss S. Simpson, Miss F. Sheppard, Miss M. Francis, Miss Dora Vine.

Miss J. G. Gilchrist writes:—The presence of animal parasites on the body and clothing is the natural concomitant of unhygienic conditions, both in person and surroundings. They originate on the body surface, where the impurities of the skin with perspiration, containing organic matter, have not been removed by washing and friction, and also on the clothing saturated with perspiration and surface dirt, which has not been changed and washed free of waste matter.

They feed, thrive, and multiply on the decomposing material, spreading over favourable material and infecting the bodies and clothing of normally clean persons, should they come in contact. Put in order of the severity of the discomfort and symptoms they produce they are:—(1) Scabies; (2) *Pediculus corporis*; (3) *Pediculus capitis*; (4) fleas.

Miss S. Simpson writes:—The female acarus after impregnation bores her way under the skin in an oblique direction. As she proceeds she lays her eggs, one or two daily, and she may thus burrow through the skin in an irregular line for a third or half an inch. Such a burrow or "run" may be recognized on the surface of the skin by the following points:—At one end, the epidermis is broken or frayed, and the free edges are dirty; at the other end is a minute white pointed elevation, in which the acarus lies; the burrow itself, between these points, is a sinuous black line. The whole burrow may be snipped off with a pair of scissors curved on the flat, or shaved off with a scalpel; and if it be then moistened with potash and examined, there will be seen the female acarus, and behind her, filling the burrow, her eggs in every stage of incubation, with minute black spots of excremental matter among them.

Miss Amy Phipps, who mentions the flea and bed bug, points out nevertheless that they are not true parasites, as, although they draw a droplet of blood each time they attack man, they do not depend upon him for nourishment.

#### QUESTION FOR NEXT WEEK.

Give nursing measures for the relief of vomiting.

## ASPHYXIATING GASES IN WAR.

By R. MURRAY LESLIE, M.D.

(Summary of Lecture.)

Dr. Murray Leslie, lecturing at the Institute of Hygiene, Devonshire Street, W., on June 22nd, said there had been considerable speculation as to the exact nature of the asphyxiating gases used by the enemy in the present war. Professor J. S. Haldane, our greatest scientific expert on the physiology of respiration in poisonous conditions, pronounces in favour of chlorine or bromine. It may be taken also as generally accepted that the greater part of the volume of the gas is chlorine, but that it sometimes contains bromine, sometimes anhydrous sulphur oxides and possibly impure nitrogen oxides, especially tetra-oxide of nitrogen, one or more of which may have specific poisonous properties.

The gas is evolved in some special apparatus and projected from a tube towards the trenches of the Allies when the wind is blowing in the right direction. It appears in the form of a yellowish-brown smoke, which floats slowly along close to the ground, and is readily visible for a considerable distance. Sir John French's report, dated May 25th, states that the gas cloud rose in places forty feet high, and that over a front of five miles it was emitted from cylinders throughout a period of four and a half hours.

All the men had respirators, but not all were effective, as the survivors explained in strained and broken voices in the hospital next day. In some cases the respirators had been carried in the men's caps or pockets for weeks, and were dry and useless when put to the test. It is noteworthy that some battalion commanders, warned by the gas surprise a month earlier, had initiated respirator drill, and had given their men the most stringent instructions about keeping the respirator pads moistened, and had shown them exactly how the respirators were to be worn. These battalions are stated to have escaped practically unscathed.

It might be well to refer briefly to the most characteristic symptoms and how they are produced. Asphyxia is the most prominent symptom. The cyanosis (blueness) is mainly due to want of oxygen, the result of choking of the lungs and bronchial tubes with fluid. This outpouring of fluid is so great that the bronchi seem quite full, and the patient is in danger of being drowned in his own secretions. Even when the blueness begins to disappear, and the patient's colour improves, the respiration continues to be hurried and panting, and it is believed by some authorities that an acid

condition of the blood is produced—a condition known to the profession as acidosis. In the rare cases where acute chlorine poisoning has occurred in chemical works or elsewhere, the symptoms are similar to those produced by the German gases. The severity of the cases depends on three factors: (a) the concentration of the gas (whether encountered undiluted or diluted with air); (b) the duration of exposure; and (c) the efficiency of the respirators and the care with which they have been applied. For general purposes the cases may be divided into three groups: (1) mild cases; (2) moderately severe cases; and (3) very severe cases; and these represent (1) a primary asphyxia, due to lack of oxygen, and partly to spasm of the glottis; (2) asphyxia, due to the outpouring of fluid into the bronchial tubes; and (3) bronchitis and broncho-pneumonia.

The majority of cases that have reached this country have exhibited symptoms of a mild bronchitis, but a certain proportion have been cases of severe bronchitis with broncho-pneumonia, and several have proved fatal.

Mr. Henry Brunner, the well-known chemist, suggests the inhalation of alcohol, by means of a cloth moistened with whisky, brandy, rum, or rectified spirit, as a palliative. It is known that alcohol absorbs chlorine with avidity, and the compounds formed by the inter-action of the two substances are practically harmless. Mr. Brunner's son, also a chemist, who was once accidentally gassed by chlorine, found the inhalation of eau de Cologne extremely soothing. In mild cases, a slight bronchial sedative and plenty of fresh air are all that is required. In the rather more severe type of case, belladonna or atropine has been recommended with the view of diminishing the profuse bronchial secretion, while emetics have also been found useful.

Preventive treatment, however, is by far the most important aspect of the question, and applies with particular force to poisonous gases. Gassing may be prevented in one of two ways: (1) by preventing the access of the gases, e.g., by precluding their entrance into trenches or dwelling-houses; (2) by neutralising the poisonous effects of the gases before they are breathed into the lungs.

The Chief Commissioner of Police has issued a warning that anything which irritates the eyes should be regarded as an indication of the presence of poison gas, and, if caught in the street, the obvious thing to do is to run in the direction from which the wind is coming. It has been found that most of the asphyxiating gases are acid in character, and that, therefore, they can generally be neutralised by the use of

an alkali. Common washing soda is the particular alkali that is found in every house, and a 10 per cent. solution of washing soda, i.e., 1 lb. to a gallon of water, is about the right proportion. It is well, however, to have a simple and handy form of respirator ready for use, and the Commissioner of Police advises that it should be large enough to protect the nose as well as the mouth, with gauze so adjusted as to protect the eyes. The German soldiers have been equipped with respirators containing hyposulphite, which neutralises either chlorine or bromine, and solutions can readily be obtained containing both carbonate and hyposulphite in certain proportions. A portable respirator can be made by saturating it with a strong solution and allowing the respirator to dry. The dried respirator can then be carried in the pocket and damped with ordinary water before use. If kept in a sponge bag, it will keep moist for many days. Various patterns of respirators can be obtained. The War Office design consists of cotton waste soaked in lotion and covered with black gauze netting, which reaches over the whole face so as to cover the eyes. The respirator especially approved by the Institute of Hygiene consists of a combination of cotton wool, flannel, and towelling, with a separate face piece of black netting, which covers the whole of the face, including the respirator. It is simple and effective, but, as many have been examined, and they vary much in utility, it would be well to get advice before relying on some of those now offered.

The lecturer concluded by pointing out that most of the Zeppelin raids have taken place between eleven o'clock at night and two o'clock in the morning, and have always been timed about the new moon. They take place when there is little or no moon in the sky.

## WOUNDS AND BLOOD POISONING.

### NATURE'S ANTIDOTE.

If the world is to benefit to the greatest extent by the knowledge of the profession of medicine, work in the laboratory must go hand in hand with that in the operating room and hospital ward, and this has received striking proof in the work of Sir Almroth Wright in the 13th General Hospital at Boulogne, described by the medical correspondent of the *Times*.

Asepsis, the ideal of all surgeons, is impossible in war, when wounds are frequently infected before they come under the care of the surgeon. Recognizing this, antiseptics have been freely used in the present campaign, but Sir Almroth Wright, one of the most dis-

tinguished of war bacteriologists, has recently astonished his colleagues by declaring war on the indiscriminate use of antiseptics, proving by a series of experiments that the most powerful protection a man can obtain against blood poisoning is the protection afforded by his own blood, and that the first principle observed in the treatment of all wounds should be their free drainage, by which means the lymph exuding from a wound is kept pure, in which condition it is antagonistic to, and kills bacteria. But if it is allowed to remain in the wound, it has the exactly contrary effect, as it becomes decomposed, and thus forms a culture medium for the bacteria.

It is because strong antiseptics may, and do, coagulate lymph, and thus transform it into a barrier to free drainage, closing the wounds, that Sir Almroth Wright is opposed to their indiscriminate use. The condition behind this barrier is distressing. Bacteria decompose the lymph already present, and then grow in it, and as there is no outlet, rapid poisoning may supervene.

The method approved by Sir Almroth is therefore, when a wound has been treated, to bathe it in a fluid, such as a 5 per cent. salt solution, to which a little citrate of soda has been added. This stimulates the flow of lymph, and when dressings are frequently changed yields good results.

In conclusion, our contemporary states that Sir Almroth Wright has worked earnestly to evolve a method of treatment by vaccine therapy, or better still, a method of prevention by that means. It may be found advisable to inoculate against the infection of wounds before a man goes into the firing line. If it were possible to guarantee that a wound would not become infected, a result of immense importance would have been achieved.

#### THE NATIONAL REGISTER.

Mr. Walter Long introduced the National Registration Bill in the House of Commons on Tuesday afternoon. The chief points of the Bill are that: Everybody from 15 to 65 years old is to be registered; registration is compulsory; those who fail to register will suffer penalties.

The registration forms must be filled in to give the following information about each person:—(1) Name and address; (2) age; (3) single, married or widowed; (4) occupation; (5) whether he or she will volunteer for any special form of labour, other than the present occupation, with which he or she is acquainted.

The object of the Bill is not to coerce people to do war work, but to find the volunteers and organise them for it.

#### CONFERENCE DAY.

At the Morning Session of the Conference convened by the National Council of Trained Nurses of Great Britain and Ireland, on June 17th, Miss Henrietta J. Hawkins, P.L.G., presented the following paper:—

#### THE NEED FOR A TRAINED NURSES' ECONOMIC LEAGUE.

It is a fundamental principle that, for the stability of any body of workers, and for the establishment of just economic conditions, co-operation between its members is required. Further, if it is to be self-respecting, and respected by others, it is necessary that it should be organised, that it should demand a high standard of skill as the qualification for admission to its ranks, and should then take steps to protect that standard.

This is the lesson we learn from the old Trade Guilds, which, founded in the Middle Ages, are still a force in the City of London—the reason being that they demanded a long apprenticeship, with resulting high skill and pride of craft on the part of their members, and their financial stability is so secure that they are powerful Corporations held in the greatest honour and respect in the financial world.

The example of these fine craftsmen is one which we shall do well to take to heart to-day. Shoddy work is neither respected nor worthy of respect. It is a mean expedient to gain commendation which has not been earned, and to make an unfair profit. Where the lives of the sick are concerned it is an unpardonable offence, and pride of craft and professional conscience, on the part of every nurse, should make her demand of herself, and of everyone claiming the title of trained nurse, a high standard of work and conduct—not from narrowness or professional jealousy, but because, knowing the peril of inefficiency in a profession which concerns itself with matters of life and death, she holds it her imperative duty to be satisfied with nothing less than the best.

You cannot maintain high educational standards unless they are first defined. Moreover, education is an expensive matter, requiring expert teachers, and the whole question of nursing education, and the lines upon which it should be organised, require studying and arranging in the light of modern knowledge.

It is unquestionable that nursing education has suffered in efficiency because its financial basis is so unsound, and that probationers have so few educational rights because they pay nothing for their training, though it is true they give a large amount of service which, from being absolutely unskilled, becomes increasingly valuable in the third year, and especially in the fourth year's work, now usually demanded.

Economics—or political economy—is briefly “the science which treats of the nature of wealth



and the laws which govern its production, exchange and distribution." It may appear, perhaps, a dry subject, but to those who study it it becomes increasingly fascinating. Moreover, as sound finance is the basis of the prosperity of a nation, it is equally so in the case of a profession. It is essential to the welfare of the latter that it should control and administer its own finances. Further, every individual member should realise that it is an obligation of membership of a profession that each should contribute something to its upkeep. Industrial workers who have learnt this lesson in the school of adversity are now a force to be reckoned with through their trade organisations, built up by their own work and money. Nurses, as a body, are apt to allow other people to manage their financial affairs, but until they take the control into their own hands they can never be financially stable as a profession. The attitude of the public towards them in this respect tends to make them dependent and parasitical, whereas it is as essential for a profession as for an individual, if it is to be forceful and self-reliant.

The chief reason why nurses, as a class, concern themselves so little with economics, is, I believe, because they understand so little of their meaning, power, and importance; and it is because the knowledge gained, and the interest stimulated by a Trained Nurses' Economic League would be of the greatest benefit both to the nursing profession as a whole and to its individual members, that I desire to suggest to you to-day the duty of forming such a League.

Through its medium, nurses would be able to discuss the best methods of defining, maintaining, and raising the standard of nursing education. Those of us assembled here in the annual meeting of our Society for the State Registration of trained nurses are of one mind that we cannot hope for progress until we obtain that long overdue measure and until a governing body, to deal with nursing education and registration, on which nurses themselves have direct and adequate representation, is constituted by Act of Parliament.

Next we should consider how best to impress upon the public that, for its own protection as well as for that of the skilled worker, the fees commanded by nurses who have attained a definite standard of knowledge should be in proportion to the value of their skilled services.

Further, when gained by skill and hard work, the fees earned by trained nurses should go into their own pockets and not into those of middlemen, whether individual speculators or hospital committees. If the members of any profession are farmed out, it means, in effect, that a large tax is placed upon skilled labour and that money does not benefit those who earn it. Neither does it go to lessen the public rates, because the worker who, out of the competence she is earning, should be able to save enough to make provision for her old age, is kept poor, while the middleman reaps a substantial harvest as the result of his perspicacity in exploiting the unorganised worker.

Organisation and co-operation on the part of

the workers are the best means of securing a fair market value for their work, and this lesson should be impressed, by a Trained Nurses' Economic League, upon all who come within its sphere of influence.

During the present war nothing has demonstrated more the need for organisation than the value placed on the indispensable services of highly-trained nurses in the salary fixed by the Joint Committee of employers working under the authority of the War Office. The guinea a week paid is just half the fee commanded by private nurses in the usual routine of service; and the result of this depreciation has been to exclude many private nurses, whose services would have been of great value, from participation in the care of the sick and wounded. It is satisfactory however, that, in a number of instances, Committees of individual hospitals have been ready to pay the standard fees of the private nurse.

Nurses are a singularly unavaricious class—thinking more of the good work they can accomplish than of whether they are giving more than good value for their money. At the same time, it is a duty to resist the deliberate depreciation of their earning capacity, which, if we examine first causes, originates in want of discernment respecting the value of their services, and the belief that the work of any woman with a few months' training is as competent as that of the nurse who has given several years of the best part of her life to learning her business thoroughly.

The earning capacity of trained nurses does not only affect themselves. If their remuneration is insufficient to meet their financial obligations it must be supplemented from other sources; and so we have appeals in the Press for assistance for nurses, who should be in a position to maintain themselves out of their professional earnings.

It has been repeatedly proved that there is plenty of financial ability in the nursing profession to enable it to manage its own financial affairs. Every self-governing society of nurses with which I am acquainted not only announces a balance in hand at the end of each financial year, but does a large amount of useful work upon a very modest income.

But the financial soundness of Nurses' Societies does not rest only on a cash basis, but on the willing unpaid services of officers and members. The balance sheets of Societies managed by men show that their officials are remunerated, as they should be, for services rendered. In Societies of nurses such items are usually conspicuous by their absence; few nurses can give large sums of money towards the support of their professional Societies, but many give most generous gratuitous work, which, if paid for at its market value, would entail a large expenditure; and it must be added that most members of such Societies accept these gifts without in the least realising their monetary value.

Provision against the risks of sickness is now made largely through insurance, and the experience of an insurance society managed entirely by a

Committee of trained nurses goes to prove that even with a small membership all legitimate sickness claims can be fully met, and a substantial sum saved in a few years, which can be eventually applied to giving additional benefits, or to any other object decided upon. Nurses have now, for the first time, the opportunity of managing their own finances under a State scheme of insurance; and if they are wise they will keep control of their own insurance societies.

Another essential to the well-being of any profession is a voice in the public press—both because such a journal is the principal factor in guiding public and professional opinion, and because any profits made from its sale should be a financial asset at the disposal of the profession concerned, and not of enterprising publishers.

In the case of a journal which is a trade venture, with no responsibility to the *clientele* for whose support it caters, it is manifest that when commercial and professional interests clash, the latter are submerged. Nurses can only safeguard their interests by keeping the control of both.

To show what an asset such a journal is in the hands of a profession, I need only instance the fact that at the close of the last financial year the *British Medical Journal*, the official organ of the British Medical Association, had received many thousands of pounds from advertisements. The power and prosperity of this Journal are built up on a very sure foundation, and it well deserves all its influence and success. On the professional side, the Journal is in the hands of a medical editor, and its pages are full of valuable articles contributed by the members. The balance sheet is published annually in the pages of the Journal.

Our American colleagues also have well understood the importance of an organ in the Press; and the *American Journal of Nursing*, which is owned by the National Association of Nurses in America, stands for high ethical, professional, and educational standards, and is a force in the country from the Atlantic to the Pacific, besides having attained financial prosperity.

Its success is due to the solidarity of the nursing profession in the United States and to the loyalty and professional conscience of its members.

The nursing profession in every country should take pains to secure such valuable assets; and it is not a tribute to its perspicacity if, for lack of solidarity or from lethargy, it allows them to pass into the hands of lay exploiters.

As a rule, I am somewhat inclined to agree with the late Bishop Creighton, who is reported to have said that only one more Society was needed—one for the abolition of all others; but I hope I have said enough to demonstrate the necessity for a Trained Nurses' Economic League, both that nurses and the public may be educated in nursing economics, and to safeguard the professional and financial interests of the Nursing profession.

I have great pleasure in submitting the proposition that a Trained Nurses' Economic League be now formed.

*The discussion will be reported next week.*

## ROYAL RED CROSS.

His Majesty the King has been pleased to award the Decoration of the Royal Red Cross to the following ladies:—

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Matron, Miss F. M. Hodgins; Matron, Miss H. W. Reid; Matron, Miss G. M. Richards; Sister, Miss A. F. Byers (Acting Matron); Sister, Miss J. H. Congleton; Staff Nurse, Miss M. C. Corbishley (Acting Sister); Sister, Miss H. Hartigan; Staff Nurse, Miss C. MacK. MacRae (Acting Sister); Staff Nurse, Miss K. M. Mathews (Acting Sister); Sister, Miss G. M. Smith.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE).

Miss N. Adler, Miss E. G. Barrett, Miss E. M. Hansard, Miss C. Elston, Miss J. Barclay Smith, Miss L. M. Tharling.

### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Lady Supt., Miss P. F. Watt.

### TERRITORIAL FORCE NURSING SERVICE.

Miss H. G. Palin, Miss A. H. Ivin, Miss E. A. Jackson, Miss P. M. Morris, Miss C. Webber.

### CIVIL HOSPITALS RESERVE.

Miss I. E. M. Barbier, R. Infirmary, Bristol; Miss S. C. McIntosh, R. Infirmary, Edin.; Miss M. Clark, R. Southern Hospital, Liverpool; Miss M. A. Doherty, Dr. Steevens' Hospital, Dublin; Miss E. T. Ferguson, R. Infirmary, Perth; Miss F. Harley, St. Thomas's Hospital, London; Miss K. Johnston, City of Dublin Hospital; Miss V. M. Kiddle, Guy's Hospital, London; Miss E. M. Le Sueur, University College Hospital, London; Miss M. Oakey, General Hospital, Birmingham; Miss L. O. Peet, Derby R. Infirmary, Derby; Miss A. Wainwright, London Hospital.

### AUSTRALIAN NURSING SERVICE.

Matron, Miss I. Greaves.

### CANADIAN NURSING SERVICE.

Matron, Miss E. Campbell.

### BRITISH RED CROSS SOCIETY.

Principal Matron, Miss N. Fletcher.

THE BRITISH JOURNAL OF NURSING offers warm congratulations to all the recipients of this much coveted honour.

The nursing profession in this country are supremely conscious of the magnificent work done quietly and unostentatiously by their colleagues in the Naval and Military Nursing Services, as well as by civilian nurses, for the sick and wounded, and have learnt with profound pleasure that the King has recognised this work by the bestowal of the Order of the Royal Red Cross upon those

of their number whose names we publish above. It is thoroughly well deserved, not only by those who receive it, but by many others of whom they are representative, and the warm congratulations of their colleagues as well as of the public are sincerely offered to the nurses who are so finely upholding the best professional traditions.

A colleague writes concerning Miss F. M. Hodgins, Matron in Queen Alexandra's Imperial Military Nursing Service: "I am sure she has well earned any honour bestowed upon her, for she is an indefatigable worker, and nothing that she could do to add to the comfort or happiness of her patients and staff would be too much trouble for her to undertake. She is also one of those fortunate people who are gifted with a keen sense of humour and a very ready wit. Her gay laugh has dispelled many a cloud that seemed almost impenetrable, and her wit surmounted difficulties that would seem impassable, yet her wit and humour are controlled by her great kindness and sympathy, and no laugh that she raises will have any element of spite in it, or any action of hers any meanness." She was trained by St. John's House, Queen Square, W.C.

Our pictures show Miss F. M. Hodgins, Miss C. Elston, and Miss Nora Fletcher.

Most of Miss Elston's work since gaining her certificate at the London Hospital has been done in Bordeaux, first with Dr. Anna Hamilton, and



MISS NORA FLETCHER, R.R.C.,  
Principal Matron in France, British Red Cross Society.



MISS F. M. HODGINS, R.R.C.,  
Matron Q.A.I.M.N.S.

then at the Tondou Hospital, where with the late Dr. Lande, she established a training school for French girls in this municipal hospital, which has turned out pupils who are now carrying on the good work in several parts of France. Progressive in all things, Miss Elston is well known to the international group of nurses as she attended the International Congresses both in Paris and London, and she will receive many warm congratulations on the distinction conferred upon her by the King.

Miss Fletcher, who was trained in Australia, is at present Principal Matron in France under the Joint War Committee. The honour conferred upon her will give much pleasure to our Australian colleagues.

Miss Muriel Oakley, R.R.C., is the daughter of Mr. and Mrs. W. G. Oakley of 12, Cotham Grove, Bristol. She received her general training, and also six months' training in Massage, at the General Hospital, Birmingham, and holds the certificate of the Hospital and also of the Incorporated Society of Trained Masseuses. She is one of eight nurses sent by the General Hospital, Birmingham, to the Reserve known as the "Civil Hospital Reserve," and was called up to join No. 1 General Hospital on August 11th, at Dublin, whence she sailed for France a few days later. The news that she has been awarded the Royal Red Cross has been received with great pleasure at her training school.

## FRENCH FLAG NURSING CORPS.

Sisters Dickson and Geekie have been placed on duty at Lisioux, where Miss M. Mitchell is now acting as Supervisor. Mrs. Holgate and Miss Macarthur have been transferred to Neufchâteau where the services of many more nurses could be utilised. The hospital Rébeval contains some 500 patients, many suffering from typhoid, and of the little staff of Sisters there, one has fallen a victim to this disease after a few weeks on duty. The Sisters write asking for help, for money, for ward comforts, and clothing, especially for towels, shirts, pyjamas, pillows and pillow cases, slippers, socks, dressing-gowns, nail brushes, combs and picture papers. Indeed, they want everything they can get hold of. Parcels can be sent to Miss E. M. Smith, Hôpital Rébeval, Neufchâteau, Vosges, France.

The Sisters are most interested in their work, and how strenuous it is can be imagined when one realises that each Sister has a ward of about 20 patients, very severe cases, as others are moved on as quickly as possible. The authorities are all very kind, and already there are improvements which the soldiers greatly appreciate. This hospital is about thirty-seven miles from the trenches, and the motors come with the sick night and day. Neufchâteau is a quaint little town beautifully situated, the surrounding country lovely. The Countess d'Alsace, who has a chateau three miles off, after visiting the hospital, gave the Sisters an open invitation. The chateau is full of interest, and comforts for the patients are promised. But with 500 patients and all the appointments being primitive, kind readers of this JOURNAL may rest assured that all they send will be of the utmost use and comfort.

Some of the Sisters who did such good work at Bergues and left the little town with much regret, are now on a new bit of interesting work. They are on duty on the barges which transport the wounded from Adinkerke to Bourbourg and are enjoying the new experience.

Sister Annie Hawkins has been privileged to be of the greatest use to the French wounded ever since she was deputed to duty last November to the Military Hospital at Evreux. The great Surgeon-Major Léo, now surgeon-inspector for the Division, at once appreciated the surgical nursing skill of

Sister Hawkins, and she has been helping him with his enormous operating work ever since, to cope with which work must often be begun at 7.15 a.m. The "sun" treatment for wounds has proved wonderfully efficacious in this great surgeon's practice.



MISS C. ELSTON, R.R.C..  
Q.A.I.M.N.S. (Reserve).

In an interesting letter received from Dr. Anna Hamilton, of the Protestant Hospital, Bordeaux, she writes: "There has been a doll's exhibition this week for the benefit of the Army orphans. We sent a model of a wounded patient in bed with one of our nurses attending him; also a visiting nurse, and a nurse of the French Flag Nursing Corps. Those four dolls have

been a very great success, and attracted crowds round them. I put a card in the hand of the French Flag nurse telling something about them. . . . We had some difficulty in finding a doll who looked *English*, but we did secure one, and all our nurses much enjoyed dressing up the dolls." Dr. Hamilton is deeply interested in the work at the Talence Hospital and has greatly enjoyed meeting Miss Haswell, Miss Tod, and other members of the Corps.



## NURSING AND THE WAR.

### A SANITARY NURSING SERVICE.

We have received several letters from nurses and others interested in the suggestion put forward on National Council Conference Day that it is desirable to organise a Sanitary Nursing Service for the Army. Of course, it was not to be expected that a proposal apparently so novel, and yet in effect simply the complement of the Sanitary Medical Service, which is doing such fine life-saving work, especially at the front, should receive at once an appreciative welcome from the official world. We did not expect it. The peculiar constitution of our insular people is incapable of assimilating a new idea without a severe attack of mental repulsion and consequent indigestion, but by and bye they nibble at an idea, and if they can persuade themselves it was evolved from their own consciousness it is not improbable that after germinating for a decade it may become active, and we may have results. Thus we waited from 1887 to 1909 for our Volunteer Nurse Corps (Territorial Force Nursing Service), and from 1885 to 1894 for an Army Nursing Reserve. We hope, however, as this War is going to last some considerable time, and as even after blessed peace is here we shall have to "keep our powder dry," that the Sanitary Nursing Service will take shape at no distant date. In the meantime the first thing to do is to define the additional experience a trained nurse will require to fit her for the Sanitary Nursing Service, and this is by no means a difficult matter, as there are now so many excellent schools and courses where instruction in the post graduate knowledge required can be obtained, that with a little adaptation there should be no difficulty about this curriculum. But a quite special practical experience will be necessary before a Sister can be given such a charge, and it is this practical work which will be somewhat difficult to provide. But of course the difficulty is not insuperable, and we must surmount it.

#### TRAINED NURSES NECESSARY AT THE CASUALTY CLEARING STATIONS.

Sanitary Sisters as near the front as possible are part of the scheme, and we are pleased to find that experience in France has proved the necessity for such nursing. The *British Medical Journal* last week had an article on "Early Operations in Military Surgery." The article gives a clear idea of the purpose filled by the casualty clearing station, and its relation to proposals for the institution of motor operating theatres, and it demonstrates the necessity for good nursing wherever the operation is done. The *Journal* says:—

"While all surgeons admit that it may be desirable to operate early in certain wounds of certain regions, especially the abdomen and head, experience shows that the number of cases of wounds even in these regions in which

early operation can be useful is strictly limited, and that in these after-treatment by absolute rest and good nursing are essential if the surgeon's skill is to lead to the recovery of the patient. It is this last consideration which has chiefly stood in the way of the schemes for mobile operating theatres, upon which much ingenuity has been spent, and which we confess seemed to us to offer a means of meeting a difficulty which had been felt during the autumn and winter warfare in France. The matter was very fully considered by the heads of the Army Medical Service and the consulting surgeons with the British Army, and the decision was against the motor operating theatre, for reasons which seem to us sufficient, and, in fact, in existing circumstances, conclusive. It was decided that the only way to ensure that any operation considered desirable at an early date should be performed under suitable conditions for the actual operation, and with proper provision for after-treatment and nursing, was to develop the casualty clearing stations immediately behind the firing line and to equip them with modern operating theatres.

"This has been done, and between Ypres and Bethune, at a distance of some five to seven miles from the trenches, there is now established a line of nine operating theatres, which form parts of the casualty clearing stations. They have now been at work long enough to prove that it is quite possible for operation, under favourable conditions, to be within reach of a seriously wounded man within one or two hours of his being wounded. . . .

"The casualty clearing stations with their operating theatres are all as near to the front as it is possible to put any operating theatre; indeed, on several occasions the clearing stations have been shelled, and they are all only just beyond shell fire. No operating van or motor could usefully be taken nearer; it would therefore not be more accessible than are the existing theatres. It must further be remembered that where operations for serious emergencies are required it is also most important, as has been said, that the patient should be kept absolutely quiet afterwards; in fact, without careful nursing and medical attention such operations cannot safely be performed at all. It is evident that good conditions for after-treatment cannot be found inside a travelling operating theatre, and if the patient has to be taken in a motor ambulance for some miles to a casualty clearing station after an operation it is quite certain that his chances of recovery would in fact have been much better if he had been taken there first of all. It is clearly necessary that wherever the operation is done the patient must there subsequently be treated and nursed for some time."

Since the beginning of the War an immense amount of ambulance work has been done by untrained women near the front in Belgium and France, and honours have been showered upon them. We want to see wounded men cared for by trained nurses from start to finish, and a

specially trained corps of Sanitary Sisters should be at once prepared for such service. The best material, of course, to qualify would be experienced military Sisters, who are thoroughly *au fait* with Army discipline.

On Friday last, Queen Alexandra visited the Red Cross Hospital ship *Paulina* which is proceeding to the Dardanelles, while she was lying in the Aldrington Basin, Shoreham Harbour, near Brighton. Her Majesty who arrived by motor, and lunched on the yacht was received by the owner, Mr. John Fielder, and the Commander, Mr. Montague Grahame White, and subsequently spent an hour in inspecting the arrangements, and expressed great admiration for the splendid equipment of the yacht, and for the good work she has accomplished. Our picture shows the "presentation" of the splendid bull dog, who is a pet on board, to her Majesty. Subsequently Queen Alexandra motored to Brighton and visited the Royal Pavilion for Wounded Indian soldiers to the great delight of the patients.

The International Hotel, at Bray, has been secured as an Auxiliary Hospital for wounded soldiers, under the auspices of the Joint Committee of the Co. Dublin British Red Cross Society and St. John Ambulance Association, and the Committee have been so fortunate as to secure the services, as Matron, of Miss Michie. This lady at present holds the important position of Superintendent of the Irish Branch of the Queen Victoria Jubilee Institute, who have kindly granted her leave of absence for the period of the war.

A Sister writes from Malta:—"First of all, thank you so much for having the Journal posted on to me; so far away, it is more than ever appreciated. We are quite settled now, and, in spite of the heat and insects, are very happy; so many of the Sisters know people I know, and are awfully nice, so one cannot be dull. We live in the Officers' Mess, a lovely building running round the courtyard, where lizards jump about and fig trees and other beautiful trees and flowers grow. Some of the wounded we have here are

officers who went out with us, back wounded already. . . . Everything is done to make us quite happy. My work is surgical—heads and arms—on the top corridor; the legs stay down on the ground floor. I do enjoy my work. . . . Lord Methuen gave us a garden party at the Palace about two miles from here. We bought up all the white kid gloves in Valetta—who could imagine we should need them at the front? . . . We are just against the ancient capitol where St. Paul was imprisoned."

When the Germans bombarded Arras the Ambulance of the Holy Sacrament was one of the points that suffered specially. It is reported that nuns and nurses were killed. They also violently bombarded Bar-le-Duc, let us hope without injury to our excellent Urgency Cases Hospital.

The Wounded Allies Relief Committee has received from Miss E. Mackenzie, Matron at its typhus hospital at Kragujevac, Serbia, a letter containing some interesting details as to conditions



QUEEN ALEXANDRA INTRODUCED TO THE VIRTUAL CAPTAIN OF THE SHIP.

in that country. "Food here," she says, "is very dear and very scarce. It is impossible to buy sugar. Two nurses are starting for Salonica to-morrow to bring the stores with them. We are still getting convalescent patients from the other typhus hospital here. All troops have gone forward from the surrounding districts to Belgrade and vicinity. We are therefore expecting to receive wounded at any time." She also mentions that another British Hospital is going further on to nurse infectious cases and that the Wounded Allies Relief Committee has been asked to take it over for surgical cases. "There is no more typhus in Kragujevac," she adds; "the cases now in hospital having come from a distance."

On Tuesday, June 29th, the following six nurses left England to take up duties at the Wounded Allies Relief Committee Hospital (Hôpital Militaire Anglais) Limoges, France:—Mrs. May Davies, Misses Emily Louise Gilchrist, Edith Dorothy Harris, Maude Annie Harris, Ellen Esther Mulville, and Edith Olive Woodward.

### WEST DENE V.A.D. HOSPITAL, ST. LEONARDS-ON-SEA.

Life in a V.A.D. Hospital when we are just receiving thirty-eight new cases is quite a rush. I am writing this during a welcome lull of about three days' duration, when we are reduced to ten patients. Since this became an actual Hospital we have had a series of comings and goings on a large scale. It seems that no sooner do we get settled down to a new batch of cases than the summons comes for "general post," and we are busy getting off the different cases to homes or hospitals equipped to suit their various needs. The whole town has the mania for clearing simultaneously, so that we can free about 130 beds ready for the next intake. Some come straight from the trenches; others have been in various hospitals in France previously. We have forty beds at our disposal, and a staff of three trained Sisters, and the rest are members of the V.A.D. Sussex 14. Most of these have been working since October, when the beds were taken up by Belgians, and all show the greatest zeal for work. It is rather disconcerting at first to the trained mind to have to deal with two daily relays of nurses; but as many have home ties and duties, and all help is purely voluntary, that cannot be avoided, though it means more personal work and supervision from the Sisters, and less possibility to the nurses of learning things of real value. The house we occupy is lent by a Mr.

Upson, and we all owe him a debt of gratitude, for it has excellent bathrooms, and most pleasant rooms, while the garden is perfectly lovely. There is a charming lounge where the men sit about and others play billiards. During the lovely weather the convalescents have had meals *à fresco*; but at other times the winter garden is the dining hall. We have a surgeon from the East Sussex Hospital, Mr. Redmayne by name, assisted by Dr. Gerald Ticehurst. Miss Chaplin, the Commandant of the Division, herself a keen nurse, does the secretarial work, and arranges the times of the nurses, &c. In fact, her duties are multifarious; while the rapidly improved look of the patients testifies to the good fare provided by our excellent Quartermaster, Mrs. Villiers Carter. By degrees we are getting quite a nice little operating theatre together, and with the aid of the local Red Cross stretcher bearers we manage to get our cases comfortably carried to and from



WEST DENE V.A.D. HOSPITAL, ST. LEONARDS-ON-SEA

their beds. The men seem very happy, and write most grateful and touching letters. From my own experience I feel sure they could not be better looked after if they were all millionaires, and they certainly deserve anything and everything they can get, for one is bound to admire their pluck and cheerfulness more and more every day. One wrote recently to record his progress, and said that now the nurse did nothing but put on a "wet foundation" every day. As he almost lived in an arm-bath while here that was quite an advance, and we knew what he meant quite well. It may not be so exciting here as at the Front, but certainly the rest and sea air work wonders in a very short time, and wounds heal with amazing rapidity.

FRANCIS WAUGH.

As this Journal goes to press we are availing ourselves of a courteous invitation to inspect the King George Hospital in Stamford Street, S.E., and hope to describe it next week.

## JOINT WAR COMMITTEE.

The following nurses have been deputed to duty under the Joint War Committee:—

## ABROAD.

To Mrs. Phillips' Hospital, Cairo.—Miss Skeet, Miss Brown and Miss Stuart.

## AT HOME.

Marshall's Park, Romford, Essex.—Miss A. D'Arcy.

Red Cross Hospital, Bakerswell.—Miss N. E. Ninnis, Miss E. Peacock.

Military Hospital, Highams, Woodford.—Miss A. W. Cairns, Miss E. Lincoln.

Divisional Clearing Hospital, Bedford.—Miss A. Gregory.

Stanstead Hall Auxiliary Military Hospital, Halstead, Essex.—Miss I. Dorrance.

Sandacres, Parkstone, Dorset.—Miss S. G. Dick. V.A.D. Hospital, Uppingham.—Miss A. M. Anderson.

Red Cross Hospital, Epping.—Miss K. B. Waters. Dunsdale, Westerham.—Miss G. R. Kaye, Miss M. J. Monk (Canadians).

Suffolk Hospital, Aulton Hall, Bury St. Edmunds.—Miss N. B. Jamieson.

Massandra, Weymouth.—Miss W. M. Ward. Sayncombe House, Convalescent Hospital, Henley-on-Thames.—Miss A. Wood.

Blair Hospital, Bolton.—Miss E. Street. Gifford House, Rochampton.—Miss E. E. L. Jenkins.

Holkam, Leicester, c/o Lady Leicester.—Miss E. J. Chapman.

Glen Hospital, Southend-on-Sea.—Mrs. E. F. Patman.

83, Portland Place, W.—Miss E. Hamilton-Ker. Grand Duchess George of Russia's Hospital, Harrogate.—Miss I. M. Hamilton, Miss Olive Aked.

Bidborough Court, Tunbridge Wells.—Miss M. E. Price, Miss G. J. Dixon (Canadians).

V.A.D. Hospital, Harbour Parade, Ramsgate.—Miss E. E. Bowles.

Tylney Hall, Winchfield, Hants.—Miss M. A. Price.

Red Cross Hospital, Maples, Hitchin.—Miss M. Heseltine.

Cheyley Park, Newmarket.—Miss S. J. Mitchell. Craig Head Hospital, Bournemouth.—Mrs. Rudland.

V.A.D. Hospital, Newton Abbot.—Miss R. Garvine, Miss M. McGinness.

University Section Hospital, Banbury Road, Oxford.—Miss E. Ward.

No. 5 Temporary Hospital, Exeter.—Miss E. Mathew Lannowe, Miss A. Trusler.

Red Cross Hospital, Waterlooville, Hants.—Miss I. Pantou.

Bowood Military Hospital, Calne, Wilts.—Miss H. Monteith.

V.A.D. Hospital, Westerham, Kent.—Mrs. Rotherwell, Miss M. Mann (Canadians).

Soldiers' Hospital, Royston, Herts.—Miss J. K. Bennett.

"Joanville" Red Cross and V.A.D. Hospital, Eaglescliffe, Co. Durham.—Miss A. Postlethwaite. V.A.D. Hospital, The Larches, Uppingham.—Miss E. M. Towell.

## THE SECOND CANADIAN RED CROSS CONTINGENT.

Nothing has been more splendid during the war than the way in which the nurses of our Overseas Dominions have come to the help of the Mother Country, and everyone will desire that the services of these patriotic nurses should be utilised to the fullest extent. The second contingent of nurses sent by the Canadian Red Cross Society to the help of our wounded have now been over here nearly five weeks, and while they express themselves as deeply appreciative of all the kindness and hospitality which have been shown them, the object for which they foregathered from Prince Edward Island to Ontario, crossed the Atlantic, and braved submarines and torpedoes by the way, has in most instances been unfulfilled. Three of their number therefore recently called at the War Office and expressed to the Director-General the desire of members of the contingent for active service, when they were most gratified both by the cordiality of their reception and the promptness with which Sir Alfred Keogh furthered their wishes.

The next day they received instructions that those who desired to serve abroad were to put down their names at the War Office. Twenty of them did so, and the whole twenty were forthwith commanded, received instructions to obtain their Military Nursing Service Reserve uniform with the money to pay for it, and are now under orders to proceed shortly to the Meliteranean, to Malta, or some further destination. For nurses proceeding to Malta and Egypt the grey hat is replaced by a white one with red white and blue band.

The names of these nurses are Miss Jessie Milne Smith, Miss Bowman, Miss Perry, Miss H. Smith, Miss J. M. Smith, Miss Kaye, Miss Tuckett, Miss Wilkinson, Miss Seaman, Miss Macinnes, Miss Handley, Miss McDonald, Miss Oakley, Miss Papst, Miss Paquette, Miss Norton, Miss Cornell, Miss Hale, Miss Monk and Miss Lord.

Miss J. Milne Smith possesses credentials specially qualifying her for this service, as she helped to organise the nursing in the military hospitals in Greece, after the Græco-Turkish War in 1897 under the present Queen (then Crown Princess), being chosen for this honourable duty out of 49 applicants. She speaks modern Greek, and in the late Balkan War Queen Sophia telegraphed for her, and she helped to organise the nursing in Her Majesty's hospitals. She also worked for the Greek Red Cross at the front, within three miles of the firing line.

## No. 3 AUSTRALIAN GENERAL HOSPITAL.

The personnel of the third Military Hospital sent by the Australian Commonwealth consisting of 30 officers, 80 Sisters, and 210 non-commissioned officers and men, has now arrived in England,



the first two being stationed in Egypt, where no doubt they are caring for their own sick and wounded men from the Dardanelles.

The officer commanding No. 3 is Colonel T. H. Fiaschi, D.S.O., V.D., and the Matron Miss Grace M. Wilson, Matron of the Brisbane Hospital, who has kindly furnished us with the following details.

The hospital is equipped for 1,040 beds, and its medical staff includes some of the leading medical men in Australia. The nursing staff, who are members of the Australian Army Nursing Service, includes Matrons of some of the smaller hospitals, Sisters from all the large hospitals in Australia, some of whom have given up good positions to come, and some Superintendents of private hospitals.

The following members rank as Sisters: Sister Emily Hoadley—who worked through the South African War—and Sisters Sarah M. De Mestre, Amy Curtis, Gertrude E. Davis, Patricia Blundell, Flora McDonald, Lilian Malster, Kathleen Smith, Pauline Humbert, Frances L. Lowe, Eveline M. McDonnell, Julia Mary Croasby, Alice M. Prichard, Ethel Smith, Annie O'Neill, Elsie C. Pidgeon, Muriel G. Burbury, Florence M. Howard, Alice Maud James, Frances G. Walpole, Jean A. McFagden, Mabel Galway, Elizabeth M. B. Ferrier, Florence E. McMillan, Minnie F. Proctor, Elsie S. Greig, May F. Young, Elma Mary Linklater, and Mary R. Watt. The remaining fifty members of the Service rank as staff nurses.

Miss Gould, who is with the contingent in Egypt, writes to the *Australasian Nurses' Journal*, "I am very proud of our lads, they are working hard, and make a brave show. I meet hundreds, and they are keen and anxious to show their mettle. Never fail in your faith in them. They will never fail Australia, so do not fail them."

Other Australian nurses who have been employed in the following military hospitals are Miss A. Garden, at the Royal Herbert Hospital, Woolwich, Miss Elizabeth A. Bole, Q.A.I.M.N.S. Reserve, at the Military Hospital, Wrexham, N. Wales, Miss Janet Moxham, and Miss E. Orr, on the staff of the Australian Hospital at Boulogne, Miss Hodge, Miss Stow, and Miss Keane at Petwood, Lincolnshire, Miss Millie Brook, of Adelaide, Miss Beatrice McGennan, working in France, Miss Clara and Miss Frances Mackintosh in the Military Hospital, Namanulla, Rabaul.

### BRITISH RED CROSS SOCIETY. SCOTTISH BRANCH.

The Edinburgh Committee of the British Red Cross Society (Scottish Branch), through its Personnel Committee—of which Mr. David Wallace, C.M.G., F.R.C.S.E., is Hon. Secretary—announces the appointment of the following Nurses since the middle of April:—

To *Bangour Hospital*.—Misses Janet Arnett, Janet Brochin, Jean S. Buchan, Christian Carvel, Elizabeth Clements, May Edmonstone, Nina Gray,

Lily Hansell, Grace Kerr, Agnes Livingstone, Jessie Maclean, Helen Morton, Mary Rennie, Mary Russell, Margaret Shepherd, Annie Smith and Margaret McCallum White.

To *Edenfield Hospital*.—Miss Jane C. Gregorson (Matron).

To *Harwick Hospital*.—Miss Charlotte Skinner.

To *Hopetoun House Hospital*.—Miss L. J. Michie.

To *Kingsknowe Hospital*.—Miss Eliza Myers (Matron), Miss Jane Cameron.

To *March-Hall Hospital*.—Miss Christian Young (Matron), Misses Alice Mary Pullar and Kathleen Young (Masseuse).

To *Mayfield Hospital*.—Miss Jessie Brown (Matron), Miss Margaret Jeffrey, Mrs. Knox Crawford, Miss J. W. Lawson.

To *Perth Red Cross Hospital*.—Misses Euphemia Saunders and Marion Stenhouse.

To *St. Leonard's House Hospital*.—Misses Ellen Y. Ester, Helen Dudgeon (Masseuse).

To *Whitehall House Hospital*.—Miss Mary Taylor Dick.

The Personnel Committee, 2, Frederick Street, Edinburgh, would be glad to receive further applications from Nurses willing to undertake War Service. Names to be sent to the Convener.

### THE THREE CROWS.

Every one knows the story of the three crows, which never existed excepting in the imagination of the person who evolved their marvellous exploits, and we are reminded of it by the correspondence in the *Manchester Courier* raised by the account of an interview with Miss Sparshott, Matron of the Royal Infirmary, Manchester, published in the issue of June 23rd, in which, commenting on the proceedings at the Annual Meeting of the Society for the State Registration of Trained Nurses in London on June 17th, Miss Sparshott is reported to have said that statements then made were "untrue," and further "I regard the remarks made at the meeting of that Society as an indictment against the Red Cross workers, and it is little short of being wicked."

We were able by quoting the report of the Society for the State Registration of Trained Nurses, which Miss Sparshott had misinterpreted, to prove her deductions concerning it incorrect, and by quoting the "Bill to regulate the qualifications of trained nurses, and to provide for their Registration," to prove that the circular drafted by Lord Knutsford against that Bill, which she stated she was distributing to the nurses in Manchester, was erroneous and misleading. Miss Sparshott now declines further controversy, and we are not surprised. But when a lady holding a responsible position makes statements in the public press which are completely refuted there remains the duty of apology, and we can but hope that Miss Sparshott will make the *amende honorable* as publicly as she has made her unjustifiable attack.

We shall next week deal fully with the matter in so far as it affects the profession as a whole.



## LETTERS FROM THE FRONT.

## URGENCY CASES HOSPITAL, BAR-LE-DUC.

This hospital, which is under the management of an entirely English fully trained staff, is situated in the charming valley of Bar-le-Duc, surrounded by beautiful hills, and about a mile from the very old and picturesque town.

A member of the nursing staff writes:—

We left England early in March, fully prepared and equipped to battle with all the dangers, difficulties and discomforts of hospital work in the field and were not a little disappointed to find that our work was to be carried out in a stationary building.

However, I soon realized that those who had left their work in England to go out and give their

I feel that this hospital is doing a great and valuable work.

We receive our patients, the majority of them very seriously wounded, at the stage when they most need intelligent care and skilled nursing.

They arrive in the ambulances (always accompanied by one of the surgeons) direct from the various dressing stations, and occasionally straight from the trenches, in a state of utter weariness, dirt and exhaustion.

They are carefully removed, always under the inspection of a surgeon, to the Receiving Tent, provided and equipped for the purpose, where all their torn and soiled clothes are taken, or cut off, the patients rolled into blankets and carried into the wards.

These poor weary soldiers then have a blanket



SISTER WISE.

MR. CAIRNS FORSYTH.

## PATIENTS BEING REMOVED TO RECEIVING TENT.

best for the wounded French soldier, could not be better placed. The building, a military barracks in time of peace, is an ideal one for the purpose, containing 7 wards (112 beds) all on the ground floor, large, light and lofty—an excellent operating theatre, and X-Ray room and apparatus.

The rapid preparation of these bare wards for the necessities and comforts of seriously wounded men was a very arduous and difficult task, particularly with regard to cupboards (curtained packing cases), light, water, sterilization, &c., offering great scope and opportunities for the ingenious.

When completed (within a few days), we had a formal inspection by General Mignon (Commander of the 3rd Army in France) and his Staff, who expressed great pleasure and satisfaction at all the arrangements.

wash (complete when possible), are rolled into a clean bed, supplied with the much desired drink, and their wounds dressed, after which they almost invariably fall into a heavy sleep, in some cases remarking, "C'est mieux que dans les tranchées, je n'ai pas dormi depuis trois ou quatre jours," or "Je ne me suis pas couché depuis 8 mois."

It is remarkable what a large part this first treatment and uninterrupted sleep plays towards their recovery in spite of their often very serious and always multiple shrapnel wounds, bullet wounds, compound fractures, burns, &c., for in quite a few days they "come again" cheerful, deeply grateful, and always ready to lend a hand to their less fortunate comrades.

In all cases, when possible, the patients are carried outside on stretchers, or on their beds, and placed in the sunshine in full view of the

hills, where they meet their comrades, listen to the band, &c. These men are never passed on, except under great pressure, until they are sufficiently recovered to "hold their own." This is my first experience of the wounded French soldier, and I find him quite delightful, always supremely plucky (except in particular cases of nervous exhaustion), patient, courteous, and grateful, never forgetting after his departure to send a message of thanks to those who have had him under their care.

The work is arduous, but one feels repaid on seeing large batches of these men, who arrived such pathetic wrecks of humanity, shattered and broken in mind and body, departing in cars at 6 o'clock a.m. on a sunny morning, shouting "Au revoir" to their comrades, smiling, happy and full of gratitude.

## THE CARE OF THE WOUNDED.

Mr. W. Roch called attention in the House of Commons last week to the need of better hospital accommodation and organization for our soldiers in France and at the Dardanelles.

Mr. Tennant said that the statements which had been made in criticism of the services of the Army Medical Corps took him by surprise. He had lived in the belief that it was beyond all praise. That was his opinion still. It did not follow that there might not be some defects which could be, and should be, remedied. He should certainly promise to bring the request for more first-aid stations near the firing line to the notice of the proper authority. He agreed that rapidity of treatment was of paramount necessity, and he would



BRINGING THE LETTERS TO THE URGENCY CASES HOSPITAL.

## WAR EXHIBITION AT PRINCE'S.

Princess Napoleon (Princess Clementine of Belgium) who was accompanied by Prince Napoleon, the Belgian Minister, Baron Goffinet, and M. Emile Vandervelde, opened on Monday the War Exhibition at the Prince's Skating Club, which will remain open until October in aid of the Belgian Red Cross, and which nurses will find most interesting.

Forty nurses from the Belgian Red Cross Training College were present and collected a large sum of money, headed by 100 guineas from Colonel Humphreys.

These nurses made a brave show in their becoming uniforms; one could but wish that they were being trained seriously, instead of being given what must be merely a superficial knowledge of nursing in a few months' course.

represent the views of his hon. friend to the proper quarters that more first-aid camps were necessary. But it must be remembered that these first-aid stations were not hospitals, and in most cases they would not have the apparatus for performing operations. With regard to the Dardanelles, it was quite true that during the battle early in May large numbers of wounded had to be evacuated and that the equipment for removing them from the shore to the ships and to the hospitals at Malta and Alexandria was deficient and great suffering was caused, which was much to be regretted. But whilst there was a shortage of hospital ships at that time it was a matter which it was possible to understand, and the General Commanding in Egypt had expressed himself as highly satisfied with the action of the Army Medical Corps. There had now been provided two hospital ships for Indian troops and twelve for British troops.

## SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

### APPLICATIONS FOR MEMBERSHIP.

The following new members were elected at the annual meeting, June 17th:—

- 3525 Miss H. L. Pryde, cert. Roy. Hosp., Sheffield.  
 3526 Miss D. Provis, cert. St. Bart's Hosp.  
 3527 Miss E. G. Jones, cert. St. Bart's Hosp.  
 3528 Miss E. McConnal, cert. St. Bart's Hosp.  
 3529 Miss A. C. Farrant, cert. St. Bart's Hosp.  
 3530 Miss A. W. Baird, cert. St. Bart's Hosp.  
 3531 Miss M. A. Rice, cert. St. Bart's Hosp.  
 3532 Miss L. M. Caws, cert. St. Bart's Hosp.  
 3533 Miss M. Oldendorff, cert. St. Bart's Hosp.  
 3534 Miss S. G. Tilbrook, cert. St. Bart's Hosp.  
 3535 Miss C. L. Tompison, cert. St. Bart's Hosp.  
 3536 Miss E. McPherson, cert. St. Bart's Hosp.  
 3537 Miss E. Farani, cert. Keighley Union Inf.  
 3538 Miss L. Williams, cert. Gen. Hosp., Birmingham.  
 3539 Miss D. W. Stock, cert. St. Bart's Hosp.  
 3540 Miss L. E. Barnett, cert. St. Bart's Hosp.  
 3541 Miss D. A. Holt, cert. St. Bart's Hosp.  
 3542 Miss F. W. Gowan, cert. St. Bart's Hosp.  
 3543 Miss C. K. Hayes, cert. St. Bart's Hosp.  
 3544 Miss C. E. Rayner, cert. St. Bart's Hosp.  
 3545 Miss A. Davis, cert. St. Bart's Hosp.  
 3546 Miss A. M. Harding, cert. East Dulwich Inf.  
 3547 Miss A. Osborn, cert. North Staffs. Inf.  
 3548 Miss E. J. Metcalfe, cert. Roy. Free Hosp., W.C.  
 3549 Miss A. G. Yeo, cert. Gen. Hosp., Bristol.  
 3550 Miss E. Hanley, cert. North Ormesby Hosp., Middlesbro'.  
 3551 Miss E. Coles, cert. Kingston Inf.  
 3552 Miss M. J. Patrick, cert. Bristol Gen. Hosp.  
 3553 Miss G. Bartlett-Turnbull, cert. Kingston Inf.  
 3554 Miss S. L. Bennett, cert. Kingston Inf.  
 3555 Miss A. Woodhouse, cert. Roy. Inf., Manchester.  
 3556 Miss A. M. Reading, cert. Gen. Hosp., Birmingham.  
 3557 Miss F. N. Shutt, cert. Gen. Hosp., Birmingham.  
 3558 Miss E. M. Powell, cert. Gen. Hosp., Birmingham.  
 3559 Miss F. A. H. Wood, cert. Roy. Longmore Hosp., Edinburgh.  
 3560 Miss L. W. Martin, cert. Gen. Hosp., Birmingham.  
 3561 Miss M. F. Russell, cert. Nottingham Gen. Hosp.  
 3562 Miss D. Dryden, cert. Roy. Inf., Dundee.  
 3563 Miss G. Draper, cert. Taunton and Somerset Hosp.  
 3564 Miss I. E. S. Dixon, cert. Roy. Inf., Gloucester.  
 3565 Miss A. Holmes, cert. Adelaide Hosp., Dublin.  
 3566 Miss E. C. Doe, cert. Taunton and Somerset Hosp..

- 3567 Miss E. Bly, cert. Mill Road Inf., Liverpool.  
 3568 Miss H. Campbell, cert. Oldham Inf.  
 3569 Miss A. E. Craigen, cert. Western Inf., Glasgow.  
 3570 Miss E. Best, cert. Victoria Hosp., Keighley.  
 3571 Miss S. T. Clogg, cert. County Hosp., Taunton.  
 3572 Miss K. U. Bride, cert. Stobhill Hosp., Glasgow.  
 3673 Miss E. Thompson, cert. Roy. Inf., Liverpool.  
 3574 Miss M. Walker, cert. Macclesfield Gen. Inf.  
 3575 Miss A. M. Ford, cert. Royal Devon and Exeter Hosp.

## APPOINTMENTS.

### SUPERINTENDENT NURSE.

Winstanton and Burslem Union Infirmary. — Miss Mary E. Williams has been appointed Superintendent Nurse. She was trained at Whips Cross Infirmary, Leytonstone; and has held the position of Maternity Sister at Leicester Poor Law Infirmary, of Sister at the Medway Infirmary, and the Wirral Infirmary, and of Superintendent Nurse at the Worcester Union Infirmary.

### SISTER.

Union Infirmary, Clatterbridge. — Miss Ethel Clarke has been appointed Ward Sister. She was trained at the Nottingham Poor Law; and has held the position of Sister under the West Derby Guardians; and at the Union Infirmary, Birkenhead.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Principal Matron Miss E. M. McCarthy, R.R.C., to be Temporary Matron-in-Chief (August 5th).

### QUEEN VICTORIA'S JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Miss Minnie Bensley is appointed to West Riding as Training Midwife, Miss Gertrude Fozard to Chatteris, Miss Ethel M. Jones to Dewsbury, Miss Clara Webster to Hertford and Bengoe.

### THE ORDER OF ST. JOHN OF JERUSALEM IN ENGLAND.

The Duke of Connaught, Grand Prior to the Order of St. John of Jerusalem in England, has promoted Colonel Sir Herbert Perrott, Bart., to be titular Bailiff of Egle, a distinction in the Order held by the Duke himself for some years past.

Colonel the Right Hon. Sir Claude M. Macdonald, G.C.M.G., has been appointed Secretary-General of the Order in succession to Sir Herbert Perrott.

### PRESENTATION.

The ladies of the Padilham and District Nursing Association have presented Nurse Brandon, in recognition of her ten years' service in the district, with a gold chain and pendant, and a purse of gold containing £37 12s. 6d. The ceremony was performed in St. Leonard's School by Mrs. D. Drew (former Lady Superintendent), on behalf of the subscribers.

## NURSING ECHOES.

## INTERNATIONAL GREETINGS.

The President of the National Council of Trained Nurses received the following cable-gram last week from Miss Annie Goodrich, the President of the International Council of Nurses, in session at San Francisco:—"American organizations send affectionate greetings regretting absence."

Indeed, the regrets are mutual, and we can only hope all present during the Congress week enjoyed it as much as we should have done, if circumstances had not prevented our attendance. All we

can do is to look forward to Miss Kent's letters, in which we feel sure she will have good news to report, as the result of the meeting of so many American nurses. On this side we all hold the leaders of American nursing progress in sincere admiration, and those we know—Miss Annie Goodrich, Miss M. A. Nutting, Miss Genevieve Cooke, Miss A. Delano, Miss E. Foley, Miss Sophia Palmer, and Miss M. Riddle—are held in real affection. Many others, amongst them Miss Clara D. Noyes, of Bellevue, Miss Agnes Deans, Mrs. C. V. Twiss, Miss J. E. Parsons, Miss E. Crandall, Miss L. Giberson, and Miss E. Sly, who attended the Congress, are names

which stand for fine work, both in advancing nursing education and thus uplifting their work, and in the organization of nursing in every way for the benefit of the members of our profession. Personally, we think a trip to the American Continent once in a while quite the most educative and inspiring process possible, and if the thousands of nurses on this side could only afford to cross the Atlantic now and then, much of their insularity and apathy would be blown away. Anyway, the next International meeting, to take place in Copenhagen, will be

within the reach of many, and of all the delightful people, no one can take precedence of the Danes for courtesy and hospitality.

The excellent work done by the Paddington and St. Marylebone District Nursing Association, under the supervision of Miss S. M. Marsters, is well known, but an immense area has had to be covered from 4, Randolph Road, Maida Vale, W., and, further, the work has outgrown its headquarters, and nurses have been obliged to sleep away from the Home—it no time a convenient or desirable arrangement.

The difficulty has now been met by opening a branch home at 43, Blandford Square, W., a delightful, airy, and well-planned house overlooking cool green trees, and furnished in excellent taste, and on Friday last week its friends and many well-wishers assembled for the inauguration ceremony.

Tea was first served in the nurses' sitting-room, and then came the annual meeting, at which the Mayor of St. Marylebone presided. The first business was the formal opening of the Home, which Lady St. Helier performed in a happy and appreciative speech, congratulating Miss Marsters on the realization of a great hope. Then the Mayor, who moved the adoption of the Report, which was

presented by Miss Marsters, said how pleased he was to welcome the Association to its own residence in the borough. Miss Amy Hughes, who seconded, said we were approaching the time when the question of district nursing was becoming one of public health. In Paddington and Marylebone the Association had always co-operated with the public health authorities, and, on behalf of the Queen Victoria's Jubilee Institute, she expressed its gratitude to the Association for the work it was doing. Miss Hughes caused some amusement by saying that, speak-



MISS GENEVIEVE COOKE, R.N., PRESIDENT  
AMERICAN NURSES' ASSOCIATION.  
Editor "The Pacific Coast Journal of Nursing."



ing as a practical district nurse, the best advice the most experienced nurse could give a young mother was generally ruined by what her grand-mother gave her.

A Resolution commending the work to the support of the residents, and churches in the two boroughs was carried unanimously, as well as a hearty vote of thanks to the Superintendent and nurses.

Nurses haven't many pennies, especially in these hard times, but if they have money to invest from 5s. upwards, we hope War Loan stock will be secured. It is, of course, a safe investment, pays  $4\frac{1}{2}$  per cent., and every penny invested helps to win the war. If you wish to invest less than £5, go to the nearest Post Office and buy 5s., 10s., or £1, Scrip Vouchers. Those who invest £5 by 5s. instalments receive the same rate of interest as those who invest thousands. The interest will be paid on 1st of (next) December and 1st of June every year. The list of applications will be closed on or before Saturday, the 10th July, 1915, so now is your time. Do not forget this money is required by the Government to provide our Army with means to win the War.

At the recent quarterly meeting of the Scottish Council of Queen Victoria's Jubilee Institute, the report for the past three months showed that the Council were directly responsible for the maintenance of eleven Queen's Nurses and twenty candidates receiving instruction in the training home. Four nurses received first appointments at Motherwell, Hamilton, Ardersier, and Croy. Affiliation had been granted to four nursing associations. Fifty-seven visits of inspection had been made, and reports on the work submitted to the Executive Committee. Ninety-three nurses were serving with the Army or Territorial Nursing Service, and fourteen others were assisting in Red Cross hospitals in their own districts: 1,583 cases had been nursed in Edinburgh by the nurses from the training home, involving a total of 30,395 visits. Donations received during the period amounted to £293 3s.; subscriptions to £182 8s. 4d., and a legacy of £750, bequeathed by the late Miss Forrester Paton, of Alloa, had also been received.

The total amount received for the Queen Alexandra Relief Fund for War Nurses to date exceeds £10,660. Many offers of hospitality have been received and accepted, but we learn comparatively few demands have been made on the fund so far.

## OUTSIDE THE GATES.

### WOMEN.

The work of the Y.M.C.A. in providing humanizing huts near camps at home and abroad, has been one of the best bits of work for the Army during the War, and now it has turned its attention to munition workers, and the first hut for their benefit was opened on Sunday and was the gift of Lady Wimborne in memory of her grandson, Lieutenant Rodney, killed while flying at the front six weeks ago.

The hut will be run on the same lines as the Y.M.C.A. huts in military camps. With the sanction and support of the War office other huts are being erected on the Tyne and the Clyde, in Sheffield, and in other munition centres. Lady Rodney, in declaring the hut open, referred to the death of her son. "It seems to me," she said, "that it is easier to die for England than to live for England. When a man is out at the front and danger is around him, he feels that he must rise to the supreme moment; and Englishmen die well. But when there is no danger, when we shall not be mentioned in dispatches or win V.C.'s we fall very often into the way of living for ourselves. The call to England is not only to die in the trenches, but to live for England, for the great causes of liberty, civilization, and Christianity. Let that inspire us and send us forward with a new ideal and a new purpose."

Mrs. Laurie, Greenock, Hon. Treasurer of the Scottish Women's Hospital for Foreign Service, has received a subscription of £1,500 towards the fund which is being raised by the golfers of Great Britain as a memorial to the late Miss McNeill Fraser, who gave her life for Serbia.

### REVERENTIAL GENUFLECTIONS.

An eminent American nurse ("R.N.," of course), writes:—"I honestly don't have a minute from suffrage work. We have to work like galley slaves. Certainly men make women work their lives out for everything they get, and they are past-masters in the art of evading and shirking responsibility. I am convinced that *mentally* seven-tenths of all men are just 14 years old! Daily meetings, house to house canvassing the voters, organization work, preparing to watch at polls on election day—such little trifles as these sound like nothing—its that silent, solid, sphinx-like, intangible, deep laid sex prejudice and arrogance that makes it all so hard.

"But the glorious Denmark victory cheers us on! And the hope that four million enfranchised women of the West will assert their political power in behalf of the Federal Amendment keeps us up when we feel like fainting at the thought of the millions of individual voters, each of whom, under our State by State method, must be approached on our knees with prayers and reverential genuflections!"



"After one gets a certain amount of snubs under this system one becomes a saturated solution of snubs, and refuses to hold any more. Au revoir until 1918 in Copenhagen!"

*Votes for Women* last week published a charming picture of a scene before the Amalienborg Palace in Copenhagen, when the King after signing the new Constitutional Law giving full political enfranchisement to Danish women, was greeted by a vast and most enthusiastic crowd of women. Such sweet smiling faces, young and old, and cheers and waving of handkerchiefs and just in the centre a solid little wedge of white-capped nurses. The King smiling too, and let us hope appreciating the honourable rôle which has been reserved for him, to be known to history for all time as "The King who gave Danish women the vote," the very greatest and most just Act to which any King can put his sign manual.

## BOOK OF THE WEEK.

"ALLWARD."\*

It is long since a work of fiction has given us such genuine pleasure as the book under our notice this week. Moreover, it comes to us in the shape of a surprise, as some of the former works of this author have so widely differed from this, both in style and handling. Many of the previous works have dealt with the East and its alluring call, but "Allward" is a story of gypsy life in the southern English counties. It contains withal a love romance, true, tender and wholesome, and we close it without a regret for one word that is written, but with many that so charming a tale should have to end.

"The big man at the margin of the wood did not stir. When he awoke it was to a sensation of exquisite pain."

"You'd best lie still," said a voice. It was the voice of a boy or of a young girl, but low and a little husky. The man let his eyes wander about his surroundings. An arm's length from his head was the roof of a long, low tent. In the corner sat a young girl of about fifteen, whittling a piece of wood with a knife.

The man was Richard Lyddon, who, after his serious accident, completely forgot his identity. The girl was Mary, the gypsy's daughter.

Lyddon has to accept the statement that he is Adam Allward, wanted by the police, and for whom a reward was offered.

"What makes you think I am—the name you said?"

"I'll tell you fast enough."

"No, dad, don't," interrupted the girl, "I won't have it. You tool yer gib, you'll mor him asaurus, ye boro dinnelo."

This untranslated gypsy language does not occur often enough to be irritating, and adds to the realism of the fascinating atmosphere of these dwellers in tents. Lyddon yields willingly to the

attractions of the life and decides to throw in his lot with them.

The study of Mary begins to dominate him; he tells her:

"I'd never known people like you before, and after all the talk there is about the way to get all that's good out of life you and your people seem to have hit upon the very best, and without talking about it either."

She looked up at him doubtfully.

"It's no life for you," she said; "we lives that way because we are born to it and has to put up with it."

"I wonder what sort of man you'll marry," said he.

"I dunno," she answered expressionlessly.

Mary flung herself full length on the heather and supported her chin with her hands.

"How the larks do sing," she said. "If this weather holds, there'll be plovers' eggs afore long."

He sat down beside her and watched her small silver-ringed hands breaking off pieces of brittle heather and crumbling off the withered buds.

"Still hot?" he asked her.

"Yes, ain't you? My blood's always warm. The leastest thing do make me sweat."

She spoke dreamily with the same peculiarly gentle beauty in her face, which had drawn him before, and robbed her words of their coarseness. After a pause she added, "Likes the spring, though some'ow, I don't know why, it kind of makes you sad-and-silly feelin'. Makes you want things and you don't know what 'tis you're wantin'." The pictures of their love-making are sweet and pleasant, albeit by this time he has learned that he is Richard Lyddon, one time a well-groomed society man.

Richard is a delightful character and had no thought of wronging the girl he loved. He asks her to marry him.

She shook herself free and gave a laugh that was near tears.

"I telled you yesterday no good 'ud come of me and you marryin'. What should I do playin' the rawnie alongside of you. Adam, dear—"

"Well?"

"I loves you more'n ever for wantin' to marry me. Don't you see it's because I loves you, more'n than I care what happens to me."

But Adam will not accept her without marriage, even though it was only the "traveller's way" of jumping the broomstick.

"Mary, listen," he said. "Let the gypsy marriage hold for a year, and then will you marry me ganjo way? Somehow I'd like it."

"If it pleases you I'll promise," she breathed.

This is a book not only to read but to possess.

H. H.

## WORD FOR THE WEEK.

That pale word "Xenral" sits becomingly on lips of weaklings. But the men whose brains find fuel in their blood, the men whose minds hold sympathetic converse with their hearts, Such men are never neutral.

—Ella Wheeler Wilcox.

\* By E. S. Stevens. Mills & Boon, Ltd., London.

## COMING EVENTS.

July 2nd.—Isa Stewart Memorial. Meeting Standing Committee, 431, Oxford Street, London, W. 12 o'clock.

July 3rd to 10th.—League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Lecture Theatre, 2.30 p.m. Social Gathering, 4 p.m. R.S.V.P. to Gen. Sec., Miss B. Cutler, St. Bartholomew's Hospital, E.C.

July 3rd to 10th.—Mothercraft and Child Welfare Exhibition, Passmore Edwards' Institute, Tavistock Place, W.C. 2.30 to 8.30 p.m.

July 5th.—National League for Physical Education and Improvement. Meeting in support of the National Campaign against Flies and Vermin. Speakers: Bishop Boyd Carpenter, Professor Letroy, Dr. Louis Sambon. Mansion House, 5 p.m.

July 7th.—Mothercraft and Child Welfare Exhibition. Lecture by Dr. Louis Sambon on "The Protection of Children against Insect-born Diseases." Passmore Edwards Institute, Tavistock Place, W.C. 4.30 p.m.

July 8th.—Association for Promoting Training and Supply of Midwives. Annual gathering of midwives by invitation of the Lady Balfour of Burleigh, 47, Cadogan Square, S.W. 3 p.m.

marked during the bombardment of Bergues, when they themselves carried the wounded into the cellars under heavy fire.

One surgeon writes: "May God bless those who have devoted themselves with so much nobility and unselfishness to the service of our dear French soldiers."

Such testimony speaks for itself, and the Committee feel sure that they have only to appeal to the generous public to assist them to carry on this work, as more funds are urgently needed. The public will readily realise the inevitable expenses incidental to the organisation of such a Corps of Nurses in a foreign country.

The Committee hope soon to have the full complement of nurses at work in France, if they get sufficient financial support. Further information can be obtained from the Hon. Secretary, French Flag Nursing Corps, 60, Nevein Square, S.W., and subscriptions will be most gratefully received and acknowledged by the Hon. Treasurer, Mrs. Bedford Fenwick, 20, Upper Wimpole Street, Cavendish Square, London, W.

I am, Madam,

Yours faithfully,

M. M. MURRAY

(Chairman, on behalf of the Committee).

## A SANITARY NURSING SERVICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was so sorry not to be present on Conference Day, and read the report in THE BRITISH JOURNAL OF NURSING with much interest. Any one who has lived in Bedford since billeting began, cannot fail to agree with your suggestion that a Sanitary Nursing Service for the Army should be organized—and that soon. I am of your opinion that the lack of domestic and nursing organization in connection with billets has resulted in a serious amount of sickness and suffering amongst our soldiers. What do young officers know about domestic management and nursing? Nothing. Skilled dietitians and food inspectors are also urgently needed to prevent the huge waste in camps, which at this time, when food is so expensive, appears to me more than careless, indeed absolutely criminal.

Yours truly,

ECONOMIST.

## OUR PRIZE COMPETITIONS.

July 10th.—Give nursing measures for the relief of vomiting.

July 17th.—State what you know about the mechanical treatment of compound and suppurating fractures.

July 24th.—Give the signs and symptoms in a case of placenta prævia. What are the risks to mother and child? What general management would you adopt?

July 31st.—Name two communicable diseases and state the manner in which the infection is carried.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY way hold ourselves responsible for the opinions expressed by our correspondents.*

FRENCH FLAG NURSING CORPS.  
BRITISH NURSES FOR OUR WOUNDED ALLIES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In October last Miss Grace Ellison was entrusted by the French Government with the task of procuring 300 fully-trained British nurses to work in the French Military Hospitals for the duration of the War. The organisation was at once taken in hand by the following Committee:—President, Lady Barclay; Vice-President and Chairman, Mrs. R. D. Murray; Hon. Treasurer, Mrs. Bedford Fenwick; Hon. Secretary, Miss Hutchinson; Medical Advisers, Dr. Murray Leslie, M.A., M.D., M.R.C.P., Edin. and London, Dr. Dundas Grant, M.A., M.D., F.R.C.P.

Upwards of 160 fully-trained nurses have already been supplied, and to-day the value of the French Flag Nursing Corps, which is under the direct control of the Officers of the Medical Department of the French Ministry of War, is incontestable.

Many letters and communications have been received from the surgeons in charge, in which they speak in the highest terms of the courage and devotion of the nurses, which was specially

# The Midwife.

## FLIES.

On Thursday, June 17th, Dr. Adkins, the County Medical Officer, gave an interesting lecture on "Flies" to the Exeter Branch of the Midwives Association and N.U.T.N. He began by saying that Miss Bell (Superintendent Q.V.J.I.N.) had asked him to get Dr. Golden to address them; that had proved impossible, and he had offered himself as a substitute. Just now, the fly is occupying a good deal of the limelight; in Parliament, in county associations, in local councils and committees, the fly and his doings seemed the subject of much discussion. The only person who did not consider the fly particularly was the householder, and he had perhaps most reason to plan a campaign against the fly and his tribe. Certainly a few years of careful planning and concerted action would make the fly an extremely rare insect. The householder should think of flies in connection with *infant mortality* and the *war*. At first sight there seemed little connection, but it is certainly a fact that many of the infants born die during their first year owing to the work of flies—in poisoning milk, and in carrying disease.

The war in South Africa was responsible for 20,000 invalids. Of these only one quarter suffered from wounds, the rest—15,000 were the victims of *typhoid* and *other fly-borne diseases*. That being so, we should all pause and think how necessary it is to do all we can now to prevent and prepare for the inevitable result of the tremendous battles now being fought.

To come to the fly himself—we have several varieties: those that bite, the blue bottle, the house fly. The blue bottle is easily noticed and makes much more fuss than he is worth, so to speak; it is, however, the house fly we have to consider. There are two varieties—the house fly proper, and the lesser house fly, one of the latter is found to 30 of the former.

The male house fly is comparatively harmless; he flies about and of course possesses the unpleasant characteristics of his kind; it is the female fly however that is our chief enemy. She loves to feed in dustbins and anywhere where filth and excreta can be found; then she finishes her repast, if possible, by a taste of the baby's milk or some sugar. The fly loves to gorge, and the typical "fly marks" on windows are the traces of its vomit and *faces*!! The female fly always chooses a dustbin to lay her eggs in, if possible. A warm, damp, dark place is the ideal. The lecturer was very insistent upon the necessity for catching the female and her eggs. She lays about 500 a month. Many people advocate a dustbin with a *tight cover*; Dr. Adkins suggests an *open* dustbin, provided that it can be emptied

and properly cleansed every week. By having an *open* bin, we know where the fly and her eggs are and they can be destroyed; whereas if the dustbin is closed to them, it is clear that the eggs are deposited in some other place, where we cannot find them and consequently more flies come! Flies in themselves are a sign of the presence of dirt in some form or other. Dr. Adkins gave some interesting stories about flies.

Recently he was inspecting a camp. It was lunch time, and he was struck by the fact that the horse bins were free from flies! He commented on this to a groom, who soon accounted for their absence. They had only gone to the officers' mess and would return shortly.

Then we heard of the small child who was told that God made everything, and that he was not to collect flies to give to spiders. The small boy remarked that God may have made the spiders, but that the devil must have made the flies, because it said in the Bible that Beelzebub was the god of flies.

Dr. Adkins now talked about the flies' natural enemies, the swallow and the marten, and he gave a practical hint that was probably new to everybody. He said that the swallow will never occupy a fouled nest, and that one should always destroy swallows' old nests, then they will come and build again.

In conclusion, various ways of curing the plague of flies were mentioned. Paraffin was said to drive them away, and there were endless kinds of fly papers. These, however, were not really much use, because only the male fly gets caught. The same remark applies to poison put down in saucers, and to the sticky fly leaves. The male gets caught while the female discreetly retires to the dustbin and lays a few hundred eggs. A teaspoonful of formalin in a pint of water is a good fly-trap. But the best thing to do is to keep the house quite clean, and then flies will disappear. People living in single rooms should make use of big brown paper bags for their refuse, leaving the bag open to entice the fly to lay her eggs, and then burning the whole.

Dr. Adkins then presented each nurse with a set of three leaflets, giving the life of the fly and an illustrated account of its disgusting habits. It was consoling to the audience to know that the good things provided for tea had been well covered during the lecture, nobody feeling anxious to meet any flies just then!

## LECTURES ON BABIES.

Dr. Ralph Vincent regrets that he is compelled to abandon the Course of Lectures, the introductory one of which was delivered on June 8th, owing to his military duties.

## THE MORAL CHARACTER OF MIDWIVES.

When the Midwives Bill was before Parliament, and since the Act has been in force, there have been people who justified their support of the registration of midwives, while opposing that of trained nurses, by making the pronouncement "You cannot register character," and then proceeding to argue that in the case of the midwife "it makes no difference," while in the case of the trained nurse it is all-important.

### IT MAKES NO DIFFERENCE.

The former view was put on record by Lord Knutsford (then the Hon. Sydney Holland) in his evidence before the Select Committee of the House of Commons on Nurses' Registration in 1904.

To quote from the minutes of evidence:—

*The Hon. Sydney Holland* : It is said "doctors are registered, midwives are registered; why should you not register nurses?" Do you want argument on that point, or is it too patent?

*Chairman* : I should not like to stop you.

*The Hon. Sydney Holland* : I say the analogy is completely different. The midwife goes in for a special kind of work. If she is so minded when she has finished she may go and drink herself stupid if she likes. In her case, so long as she can do her job accurately and well it makes no difference.

This view midwives have always regarded not only as insulting to themselves, but highly dangerous to the women who confide themselves to their care, for there is no security that the midwife who "drinks herself stupid" at one moment will be able to "do her job accurately" at another, and further they are aware of the far-reaching influence for good or evil of the midwife, and of the importance of high moral character on her part.

Many women in the past dated their contraction of the drink habit to their first confinement and the advice of an ignorant midwife. Many others owe the best influences in their lives to the midwives who have attended them.

### TRUSTWORTHY, SOBER, AND OF GOOD MORAL CHARACTER.

The Central Midwives Board has always realized the importance of character in a midwife, and before a woman is admitted to the Roll it requires a certificate, signed by some one personally acquainted with her, for a period of years, that she is "trustworthy, sober, and of good moral character."

### THE PRIVATE CONDUCT OF A MIDWIFE.

Recently, as reported in these columns, a midwife whose name was removed from the Roll by the Central Midwives Board on the ground of moral delinquency, appealed to the High Court, and while she won her case so far as the restoration of her name to the Roll was concerned, because, in connection with the

hearing of the case the Central Midwives Board did not comply with its own rules, and, in the words of the Lord Chief Justice, "the omission was fatal to the case," yet the argument of the plaintiff's counsel that "the term misconduct under the Midwives Act did not affect the present charge," and "the Board was not intended to inquire into the private conduct of a midwife" was not accepted by the Court.

### THE OPINION OF LEARNED JUDGES.

In summing up the Lord Chief Justice held that "the term misconduct in Section 3 of the Act was not limited to the discharge of the duties of a midwife," and Mr. Justice Avory observed that "the result would be mischievous if lying-in women were attended by women of immoral life."

### THE POSITION OF THE CENTRAL MIDWIVES BOARD.

As we last week reported, the position taken up by the Central Midwives Board is that conduct which before enrolment would render it impossible to certify that a candidate was of "good moral character" renders her, after enrolment, liable to be removed from the Roll for "misconduct."

### THE "LANCET" ON THE SITUATION.

The *Lancet* in a leading article on "Midwives and Moral Character" says that "The declaration thus made is eminently satisfactory. To have found that the Board had been compelled by legal decision to abandon all consideration of the moral character of a midwife, after once admitting her to practice among the women who might seek her aid, would have been more than disconcerting. It would have been disastrous. . . . The practice of a midwife, implying attendance upon women, and to treating them in, and in connection with, pregnancy and childbirth, brings her in contact with females of the humbler classes of society, with married women of the strictest respectability, and with those in very different circumstances. It is difficult to imagine any person whose opportunity for mischief among her sex would be greater if she herself were to be of loose morals and at the same time endowed with the training and skill which the Midwives Act, 1902, was passed to promote."

After arguing that it would be altogether illogical and absurd to require evidence of good moral character as a condition of admission to the Midwives Roll, if the power to remove from the Roll on account of proved immorality were withheld, our contemporary continues: "It is not, however, only the desirability of a right to remove undesirable persons from the official roll which we are now discussing. We are rather insisting upon the performance of the duty to remove such persons, both for the sake of the pregnant women who may come under the midwives' care, and for the credit of the women who have made midwifery their profession."

The *Lancet* evidently does not agree with Lord Knutsford's view of the personality of a midwife "It makes no difference."



### THE BRITISH HOSPITAL FOR MOTHERS AND BABIES.

The Annual Meeting of the British Hospital for Mothers and Babies, held on Friday, June 18th, at 24, Park Lane, by kind permission of Countess Brassey, the Countess of Stamford being in the chair, was specially interesting because it was the first occasion since the amalgamation of the Home for Mothers and Babies and the Training School for Midwives, at Wood Street, Woolwich, and the British Lying-in Hospital, Long Acre, has been completed.

The first speaker was Lord Sydenham, who emphasised the needless wastage of infant life, and said that all desired that the evil of the present War should be counterbalanced by some good. If it led to more care of the mothers and babies it would have its compensations. The England we had known would never be the same again, and we should need every young life. Only vigorous and healthy young women could bear and rear healthy children. He was strongly in favour of the Notification of Births Act being made universal and compulsory, and he was glad that the new President of the Local Government Board had taken this subject in hand.

Sir Francis Champneys, Chairman of the Central Midwives Board, said that he presumed he had been invited to speak because the Board has a parental oversight over all training schools. Emphasising the importance of the midwife's office, Sir Francis Champneys said that the midwife was the natural confidante of the mother, and it was in order to guide the midwife, and to help her to discharge her duties efficiently that the course of training at the British Hospital for Mothers and Babies had been specially planned. Any attempt to help the mothers and children which did not include the midwife was doomed to failure. Commenting on the year's training given at the above hospital, Sir Francis said that he wished all midwives could have a year's training. That did not seem possible at the present time but he hoped the training required under the Midwives Act would soon be extended from three to six months.

The life of a midwife was arduous and not highly remunerated. Unless the midwife felt her vocation as a calling in which she was doing something for her country it would not be worth her while to adopt it. The same spirit must energise her as that which energised the greater part of the medical profession—the desire to serve the public.

Sir Francis concluded by moving the adoption of the report, which was eloquently seconded by Miss Alice Gregory, one of the Hon. Secretaries of the Hospital, and carried unanimously. The meeting concluded with the usual votes of thanks.

The Education Committee of the County of Norfolk have allocated a sum of £1500 towards the cost of training Nurses and Midwives in accordance with the scheme submitted by the Norfolk Nursing Federation.

### POUND DAY AT QUEEN CHARLOTTE'S HOSPITAL.

The Ladies' Association at Queen Charlotte's Hospital, Marylebone Road, N.W., are arranging to hold a Pound Day at the Hospital on Wednesday, July 14th, from 9 a.m. to 8 p.m., and are anxious to obtain a large number of gifts for the use of the Hospital.

The expenses of the Hospital have increased since the outbreak of war, in consequence of much higher prices for articles of food, and owing to the fact that the wives of soldiers and sailors are being attended free of charge. Over 300 of these have been admitted to the Hospital, and arrangements have been made to attend 500 others in their own homes.

A pound or more of any of the following will be gratefully received at the Hospital on Pound Day:—A £ in gold, a £ in silver, and a pound of tea, coffee, sugar, rice, tapioca, semolina, ma. aroni, cornflour, flour, rolled oats, split peas, lentils, haricot beans, pearl barley, raisins, currants, sultanas, jam, marmalade, golden syrup, butter, bacon, cheese, soap or soda.

There is therefore plenty of choice for every one, and we hope gifts will roll in.

### MOTHER CRAFT AND CHILD WELFARE EXHIBITION.

The Women's Imperial Health Association, 7, Hanover Square, W., is arranging a Mothercraft and Child Welfare Exhibition at the Passmore Edwards Institute, Tavistock Place, W.C., from July 3rd to 10th, from 2.30 p.m. to 8.30 p.m. daily. Admission free. The object of the Exhibition is to help mothers, and those who are engaged in instructing mothers and all who are interested in the health and welfare of the Nation.

The Exhibition will comprise the following sections:—(1) An Artificial Feeding Exhibit. Talks will be given daily at 6 p.m. by medical experts in charge of infant consultations; (2) Baby Care. Lectures given daily on Mothercraft, Prenatal Care, and kindred subjects; (3) Model Clothes for babies of six months upwards; (4) Model of Day Nursery. Lecture by Muriel, Viscountess Helmsley; (5) Dental Exhibit. Lectures by Mr. G. Thomson, I.D.S.; (6) Model of garden toys, &c., made by children; (7) Housewifery and Cookery Exhibit; (8) Fly Exhibit. Lectures by Dr. Halford Ross and Dr. King Brown; (9) Model trestle bedsteads; (10) The Baby killer (giant comforter); (11) Models of tenement rooms; (12) Literature and Book Stall.

#### LECTURE BY DR. LOUIS SAMBON

Of special interest will be the lecture on the Protection of Children against Insect-born Diseases by Dr. Louis Sambon, on Wednesday, July 7th, at 4.30 p.m. Dr. Sambon's world-wide experience gives him a unique place among authorities on this subject.

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## EDITORIAL.

### FLY CONTROL.

#### A CAMPAIGN TO PREVENT THE SPREAD OF EPIDEMICS BY INSECTS IN WAR TIME.

One of the lessons which this war is driving home to us is the importance of setting our house in order before, and not after, emergencies occur in which such order is all important, and the National League for Physical Education and Improvement has done well to inaugurate a campaign to prevent the spread of epidemics by insects in war time, at a meeting at the Mansion House on Monday last; for insects are some of the most potent foes to be fought in the present war. Lice—as is now well known—spread the deadly typhus, and have killed more soldiers in Serbia than the Austrian bullets, and flies, formerly regarded as harmless nuisances, are now recognized as gross feeders on every kind of putrefactive matter, and the infective agent in enteric fever, dysentery, and infantile and other forms of diarrhoea.

Point was given to the importance of the subject at the Mansion House by the fact that Sir Frederick Treves who was to have presided was unable to do so, and wrote as the reason "More than a month ago—just before I left for Mudros—I acquired, through flies I expect, a complaint in Alexandria, which gradually got worse, until now I am laid up in bed and unable to do anything . . . Flyborne disease should cease to exist. Its very existence is a discredit to the intelligence of the people."

Bishop Boyd Carpenter who presided at the meeting emphasised the fact that modern trade facilities had brought the nations very close together in point of time, and so made the transference of infection a terribly easy matter. The fly enemy was worse than the German spy.

Dr. Louis Sambon spoke of the devastating effects in war of flyborne diseases.

Professor Lefroy drew attention to the House Fly Exhibition at the Zoological Gardens which would show that everyone could do something to help to stamp out the pest. The house fly was a great agent in spreading summer diarrhoea which annually slew from 5,000 to 15,000 children, and also spread enteric and cholera.

This year from the primitive conditions of the large camps it was probable there would be an increase in fly epidemics.

There were three ways of helping on the campaign against epidemics caused by flies. (1) *Education*. (The fly crawling on the baby's face was capable of spreading typhoid germs for a fortnight). (2) *Sanitation*. (a) Owing to a shortage of labour scavenging this year would not be thorough. Household refuse should be burnt whenever possible. (b) Infected persons should be isolated and mothers should be taught to keep children with infantile diarrhoea very clean. (3) *Fly control*. This afforded work for every one. The present promised to be a fly year. There were probabilities of a typhoid epidemic and possibilities of cholera. We must insist on cleanliness, and exercise measures of fly control.

Professor Simpson of King's College said that the Chinese had a season known as "the awakening of the insects," and he had come to the conclusion that such a season existed here.

Dr. Nidegger of the United States Health Service emphasized the importance of enlisting women in the campaign.

London's antiquated system of scavenging, and the exposure of food in shops and restaurants were also subjects for comment.

The importance of a thorough campaign against flies is evident, and the National League are doing good work in pressing it home.

## OUR PRIZE COMPETITION.

### GIVE NURSING MEASURES FOR THE RELIEF OF VOMITING.

We have pleasure in awarding the prize this week to Miss E. A. Noblett, the Military Hospital, Headingley, Leeds.

#### PRIZE PAPER.

By vomiting we understand the ejection from the stomach of its contents. All vomited matter should invariably be carefully inspected. The composition of the vomitus itself, its odour and colour, are valuable indications of the state of the digestion and the condition of the upper part of the alimentary tract, while the character of the vomiting, the time at which it occurs, whether soon after the meal or toward the end of digestion, and the symptoms which accompany the act, help to determine the cause of the vomiting. In the case of poisoning, the vomitus is of important diagnostic value, and should always be saved for examination. Vomitus, when required for examination, should be covered to protect it from air and dust, but not otherwise disturbed; it should not be mixed with a disinfectant.

*Treatment (after Operations).*—Some nausea and vomiting almost invariably occur after ether, and to a less extent may be expected after chloroform.

If the alimentary tract has been properly prepared, the vomitus consists of a little greenish fluid, with a bitter taste, mixed with mucus and saliva. During the act of vomiting, an unconscious patient must have his head turned towards the side, and the jaw pushed forward and upward. This closes the epiglottis, and prevents the patient being choked by the vomitus falling into the larynx. The mouth is cleansed with pieces of gauze, either dry or soaked in water, to which a little listerine (or other mouthwash) may be added. In abdominal operations, where there is much retching, there is some risk that stitches about the abdomen may be burst by the strain. To guard against this, the nurse should support the abdomen during the attack by placing her hands on either side and pressing, very gently, toward the incision.

After operations on the mouth, throat, and nose, &c., especially such operations as for the removal of adenoids and tonsils, a quantity of blood may be swallowed, and is usually vomited as reaction begins. The patient, as soon as he recovers consciousness, is allowed to drink water freely. The water is cold or iced, in order not to encourage bleeding from the recent wound.

For the first twelve hours little treatment is ordered for vomiting. If the condition does not improve and the vomiting is persistent, treatment becomes necessary. Persistent vomiting is difficult to control.

Hot stupes, a hot-water bag, or a mustard plaster may be applied to the epigastrium, and together with an icebag to the head, may have the desired effect, or an icebag over the epigastrium may relieve the stomach spasm. The inhalation of vinegar is said to have a sedative effect in vomiting. Cracked ice is given to suck, though this has the disadvantage of increasing the thirst. Very hot water in sips is also ordered. If vomiting is prolonged some doctors wash out the stomach with hot water containing sodium bicarbonate, two drachms to the quart; the patient is induced to drink a couple of tumblerfuls, which will usually act as lavage, without the necessity of passing the stomach tube. Where stimulants are permitted, an ounce of champagne or half an ounce of brandy may be poured over a glass of cracked ice and given in sips.

The position of the bed may also be a help. Usually it is best to keep the head low and the feet elevated. If vomiting is persistent, the patient is propped up in a sitting posture in bed (to reduce the sensation of nausea), and all food and drink by mouth stopped. Thirst is satisfied by saline enemata, and nourishment should be administered only by way of rectum.

The drugs that may be ordered to check vomiting are :—

Essence of peppermint, 5 to 10 drops on a lump of sugar or in water.

Hydrochloric acid, diluted, 5 to 10 minims.

Cocaine hydrochlorid, 5 minims of a 2 per cent. solution may be given every half-hour.

Milk of bismuth in ounce doses may be repeated frequently.

Cerium oxalate, 1 to 5 grs., given dry on the tongue.

Morphia, by hypodermic,  $\frac{1}{2}$  to  $\frac{1}{4}$  gr.

Opium, usually by suppository,  $\frac{1}{2}$  to 1 gr.

A cup of black coffee, to which 10 grs. of sodium bromide have been added, or an enema with bromide and chloral, may have good effect where the vomiting is due to the nervous condition.

When the cause of vomiting is an error in diet, lavage, followed by a purge, such as castor oil, is often the quickest remedy; where the castor oil cannot be retained, an enema may be given.

If sleep can be induced, the attack frequently passes off. A cleansing, non-nauseating mouthwash is given to rinse the mouth.

Vomiting occurring regularly on rising in the morning is a common symptom during the early months of pregnancy. The vomitus usually consists of a little mucus, and is unaccompanied by nausea, headache, or retching. It may often be prevented by drinking a cup of tea before moving.

The vomiting of large quantities of blood is most commonly a symptom of gastric ulcer. The patient is put to bed, the recumbent position maintained, and food is not given by mouth at all; it is replaced by rectal feeding during the acute stage.

Fæcal vomitus has the odour and appearance of fæces, and is unmistakable. It is always a symptom of grave importance. It indicates obstruction at some point in the intestine. The patient is induced to drink all at once a pint of warm water, which will quickly be returned.

Regurgitation is the simplest form of vomiting. It occurs commonly in infants from too rapid or excessive feeding; the appearance and odour of food are not changed.

When vomiting is accompanied by a rise of temperature, a gradually increasing pulse rate, and much tenderness of the abdomen, no food should be given by mouth, and all aperients withheld. The condition may mean appendicitis.

After abdominal operations sometimes vomiting is due to pressure from gauze drainage or a glass or rubber tube, and will cease with its removal.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Linda M. Smith, Miss G. Robinson, Miss F. James, Miss M. Macfarlane, Miss Dora Vine, Miss F. Sheppard.

#### QUESTION FOR NEXT WEEK.

State what you know about the mechanical treatment of compound and suppurating fractures.

#### VALUE OF INOCULATION.

Conclusive evidence as to the value of inoculation against typhoid is contained in the following report:—

In the Expeditionary Force in France there have been up to May 22, 827 cases of typhoid fever, with 128 deaths.

Of these cases, 508 occurred among the uninoculated, and of these 106 died.

Of the remaining 319 cases which occurred among the inoculated, 22 were fatal.

In making this report to the House of Commons, Mr. H. J. Tennant stated that the ratio of attacks is 14 times, and of deaths 42 times greater among the non-inoculated men.

## THE VALUE OF SPECIALIZING IN THE CARE OF SICK BABIES.

Now that the hot weather is here the "mother" instinct, the latent force which inspires all our best nurses, becomes disquieted about baby, because baby lovers know that dangers lurk in so many apparently harmless things. Read what Miss Marion B. Chalmers, R.N., said recently on the value of specializing in the care of sick babies, in an admirable paper presented at a meeting of the Ohio State Nurses' Association, U.S.A.

#### THE VALUE OF SPECIALIZING.

A specialist is usually regarded as one who knows more about his particular line of work than a general practitioner. If this is true in the practice of medicine, it is equally so in the practice of nursing.

There are many advantages to be considered in taking a post-graduate course. Every nurse is especially adapted to some particular phase of the work, be it surgery, fever nursing, obstetrics or the care of sick children, and in choosing to specialize in the last mentioned, which I esteem most vital because of its relation to the coming generation, an essential quality is fondness for children. A nurse may be well versed in knowledge, but if she does not make herself acceptable to the child, she cannot hope to obtain good results.

A sick baby is indeed a problem. Our three years' preparation in hospital training is insufficient to cope with this situation; hence the value of special instruction. Every minute of the time devoted to study will be multiplied many times in the advantages it brings to us. In specializing in the care of sick babies, I refer especially to the digestive diseases, viz., cholera infantum, enterocolitis, dysentery, malnutrition, &c. These mow down our babies summer after summer, increasing infant mortality. Considering that these diseases are largely preventable, what an important field this is to choose in which to specialize!

Knowledge will enable the nurse to prevent disease. Discrepancies in the methods of care and feeding of babies, poor and dirty milk, some of the proprietary foods, and bad hygiene in clothing and general sanitation, are largely responsible for these summer troubles. The artificially fed babies are the ones who suffer.

The digestion is best observed by the character of the stools, and if we know the cause of their abnormality in colour and consistency (why green, or why curds are present, whether due to excess in fat or proteid, or why mucus predominates, &c.), then we are better qualified



to remove the cause and in this way prevent acute indigestion, which is a forerunner of disease.

Our first lesson to be learned is that each child is a law unto himself. Careful consideration must be given in choosing the food that will agree with him and keep him well. We must be ready to investigate the source of supply and the quality of milk produced, instructing mothers how to modify it intelligently, if necessary. The clothing of the baby should be regulated according to the temperature of the climate in which he lives. Fresh air is also a prime factor in keeping him well. The foregoing may be classed as preventive work. With the co-operation of the mothers, fathers and relatives, many babies will escape these diseases and be granted their God-given right to live.

It is of great value to a nurse to specialize. Her mental vision is enlarged and her powers of absorption are increased, no matter what phase of the work she has chosen. In the care of sick babies, she will be more keen to detect symptoms and capable to combat disease successfully. The temperature, pulse, respiration, general condition, expression, evacuations (their character and frequency), vomitus (character, frequency and quantity), irritations to mucous membrane and skin, all demand the closest attention. While medicines prescribed are given according to directions, the treatment given by the nurse is considered of just as great importance. The temperature may be controlled by sponging and the right kind of irrigations. The first measure usually prescribed is a dose of castor oil and abstinence from all food, to rid the system of the cause of poisonous absorption. Sterile water is given freely.

During the early stages, colonic irrigations are considered of great value if administered in the proper way. The baby is placed on a table with a pad under the buttocks to elevate the hips. The bag or can is suspended not more than three feet above the baby to give the requisite force to the water. An irrigation is a gentle washing out of the bowels, so to speak. The soft rubber catheter is oiled and inserted four or five inches and the water permitted to flow in for a few minutes, then the tube is disconnected, allowing the water to flow out. This treatment is repeated until the water flows clear. The quantity of water given is from one to two pints. Normal salt solution is universally used because of its stimulating and cleansing action. If hemorrhage is present, then tannic acid, fluid extract of witch-hazel and other styptics are prescribed. The solution

is usually given at body temperature. Cold irrigations might cause a shock to the nervous system, and hot irrigations, unless the patient is in a state of collapse, produce exhaustion. I have seen an irrigation at a temperature of 110° F. given by a capable physician to a baby having a subnormal temperature of 94° rectal, and the reaction was marvellous. Great care should be exercised in the insertion of the catheter, especially if tenesmus is pronounced. A hasty or rough insertion might irritate the already inflamed mucous membrane of the rectum.

Usually with diseases of this character we have excoriated buttocks to watch. Many are the treatments advocated, each having its own merits, but the use of olive oil, zinc oxide and white vaseline with bismuth, seems to relieve the irritation more speedily than any other treatments I have used.

We also have to be on the alert to detect and treat the sore mouth which so frequently accompanies these diseases. Although we know that it is the result of inflammation in the stomach and bowels, great care should be exercised in extreme cleanliness of everything that is placed in the baby's mouth, and also in the manner of treatment.

Should a convulsion occur, which is not at all unlikely in the beginning of these troubles, we should be ready to meet this emergency with a cool head, a skilful hand, and an attitude that will inspire the parents with confidence and hope.

The diet is of extreme importance. After the first twenty-four hours, either barley or rice water is given and continued until the mucous condition of the stools is improved. Mucus in the stool and vomitus is indicative of great irritation and inflammation, due to fermentation and poisonous absorption; and the suspension of food will alleviate these conditions and prove beneficial in combating disease. The cereal waters or thin gruels contain a small amount of nourishment, but one must exercise good judgment in their use, as edematous symptoms may be produced by their prolonged usage. I saw a baby this summer, nine months old, who had been kept on rice-water for seventy-two hours, and the result was an acute edema of the face, hands, legs, and feet. Within forty-eight hours after discontinuing the rice-water, the edema had entirely disappeared. Following the cereal waters, the various modifications of skim milk, peptonized milk, whey, and other foods, prescribed by the different physicians, are continued until the stools become normal. Pasteurization of the cow's milk is considered a safeguard in destroying the bacilli, which pre-

dispose the child to disease and relapse. I have had an opportunity to test the merits of protein milk, also known as Finkelstein and casein milk, in three cases this summer, and believe that it is a godsend to the babies.

The first case was a baby seven weeks old, ill with cholera infantum. Evacuations were light green mucus, foul smelling, and numbering from eighteen to twenty-four per day. The temperature ranged from  $101^{\circ}$  to  $103^{\circ}$ . The body was emaciated, with depressed fontanelle, sunken eyes, and distended abdomen. After being ill a week, he was started on protein milk, and within thirty-six hours evacuations were normal. The baby gained a pound in ten days.

Another, a case of enterocolitis, had been ill four months, and during that time all food given passed through the child undigested. He was six months old, emaciated and exhausted. After a few days, the stools, which had been all colours and consistencies, foul smelling and mucous, became homogenous, yellow, without mucus and odour, and this baby gained a pound and seven ounces in four weeks.

The third case was a baby four months old, ill with enterocolitis. She had been ill two weeks, and could not digest any of the food given her. The stools were mucous. She improved rapidly, the stools becoming normal in a few days. She gained two pounds and four ounces in four weeks. These results speak for themselves.

Fresh air is very important during these diseases as well as during convalescence. Keeping the baby quiet and free from excitement is also beneficial in the work of recovery.

What a wonderful satisfaction it is to a nurse to have a part in battling for these little lives and to conquer! Great is the victory! Her anxiety and hard work earn their just compensation, which is *not salary*. Specializing in the care of sick babies is of great value. Efficiency is a most valuable asset. With her knowledge of means and with skilful application of them, the efficient nurse is assured of good results, which spell success.

#### WOUNDED ALLIES' RELIEF COMMITTEE.

The Wounded Allies Relief Committee (Sardinia House, Kingsway) has received a letter from a reliable source in Switzerland, stating that the Camp for prisoners of war at Soltau, Germany, is in quarantine, as the result of an epidemic of exanthematic typhus. It is permitted to write and to send parcels to the prisoners, but they are, of course, not allowed to reply. The letter goes on to say that all necessary sanitary measures have been taken to stem the epidemic.

#### NURSING AND THE WAR.

An excellent group of the nursing staff of No. 3 General Hospital, Australian Force, who recently arrived on the *Mooltan*, taken outside the British Museum, appeared last week in *The British Australian*. They expect soon to leave for the Dardanelles, under the supervision of Miss Grace M. Wilson, Matron of the Brisbane Hospital. In addition to the 80 nurses who are passing through England, where they have enjoyed a warm welcome and seen the sights; Sisters Muriel G. Burbury, Florence M. Howitt, Florence E. McMillan, Briseis, Belstead, Louise E. Young, Beulah McMin, Frana Walsh, Dorothy Brown, Dora H. Smith, and Evelyn Hutt, and Sister Amy Curtis disembarked at Marseilles.

We are informed that the cases of nervous breakdown amongst the nurses on active service abroad are remarkably few; the more they have to do the happier they are, and, as there are usually busy and slack times, the nurses get plenty of rest and recreation between times. The work done by Lady Gifford at the Nurses' Home of Rest and Convalescent Home at Harelôt near Boulogne has been the very greatest boon to nurses requiring a few days' rest, and all agree that they owe her a deep debt of gratitude for the charming hospitality provided for them in this delightful place, where there is but one rule, "breakfast in bed"!

Miss J. M. Jones, R.N., the Hon. Secretary of the Central Council New Zealand Trained Nurses' National Association, writes on May 23rd: "We are all grateful to the Editor of *THE BRITISH JOURNAL OF NURSING* for the kindly notices in that valued journal of the work done by New Zealand nurses. A hundred more nurses are leaving our shores in a few days, and a further supply will be available if needed. A hospital ship is to be equipped, donations are pouring in, and our best surgeons have offered their services. Verily Britain has reason to be proud of her Colonies. Can it be that the longing and love for the Motherland which the early settlers carried with them wherever they went has descended to their children, for even the little toddlers have always learnt to call old England Home. Already we are mourning the loss of our young manhood, but they have given their lives in a glorious cause.

"Registration will surely come to the nurses at home when the war is over, and the nursing profession, which has been so sorely handicapped in the past, will, I trust, be placed in the honourable position it so well deserves."

Miss S. Macnaughtan, the novelist, who has been working at the Front since September, is giving her lecture, "Pictures and Stories of the War," at Queen's Hall, on Friday evening next, at eight o'clock. The band of the Household Brigade will play at 7.30. Tickets may be had from the E. L. Robinson Lecture Agency, 7, Wigmore Street.

## NURSING IN SERBIA.

A Sister recently returned from Serbia says that there are now plenty of workers from Great Britain and America to meet all the needs of the sick and wounded. The typhus epidemic is at an end. She thinks all financial support should be given to the units already in Serbia to enable them to cope with work undertaken, but that no more should go out. Food, clothes, and hospital stores should be continuously supplemented, as the country stands greatly in need of such help, after the devastating campaigns. But the Serbs are a very frugal people, and simplicity should be the order of help given.

tents. These include tents for the staff, hospital, X Ray, theatre for operations, kitchens, stores, lavatories, baths, pharmacy, &c. We have at the moment 120 wounded Serbians in hospital. We have had very wet weather, and the mud is miraculous. After the rain the whole camp is a squashy bog. But the earth dries as quickly as it bogs, and during most days the patients enjoy the fresh air and warm sunshine lying in their beds, with the double tent curtains tucked up, or, if convalescent, they sit outside on the grass on rugs, forming picturesque groups in their scarlet bed jackets, pyjamas, coloured dressing gowns, and the straw hats which we have bought for them as protection against the



Photo]

[Underwood &amp; Underwood

SOME OF THE NURSING STAFF OF THE FIRST BRITISH FIELD HOSPITAL FOR SERBIA  
KEEPING FIT WITH PHYSICAL DRILL ON THE VOYAGE.

### A CAMP HOSPITAL.

Mrs. St. Clair Stobart writes from Kragujevat, Serbia:—

Our camp hospital is established on a magnificent site—the racecourse—on high ground above the town. Beautiful hills, dotted with picturesque villages, placed amongst trees (now in spring foliage) encircle us on all sides. The camp, which is working admirably and is fully demonstrating the desirability and practicability of a tent hospital, is the only fully equipped hospital in tents in Serbia, and is a source of much interest, and, may I add, of instruction to the many visitors, civilian and official, who daily visit us. We have ourselves pitched the

hot sun. We are given as orderlies to help in the rough work Austrian prisoners. Our patients—Serbian peasant soldiers—have completely won our hearts. Love for their families and for the land, which they own, delightful simplicity of character, absence of self-consciousness, and gratitude, are their distinguishing features. With a charming childlike faith they call me "Maika," which means mother, and it is almost impossible to realise that these affectionate, gentle peasant folk are the people of whom in Western Europe such a different conception had before this War been formed. Of the officers, medical and military, with whom it has been our privilege to come in contact, and to whom we are responsible, it is impossible to speak too highly.

## ROADSIDE TENT DISPENSARIES.

The Serbian doctors are fully occupied in the military and fever hospitals of the towns. The country districts are thus without medical aid of any kind. The idea therefore occurred to me one morning to place a small tent on the outer edge of our encampment (on the main road) and put up a notice in Serbian to the effect that if people would bring their own bottles, medicines and medical advice would be given gratis—and see what happened! The result has been that

within four weeks this little roadside dispensary has already treated more than 2,500 patients, and the number grows every day. This affords a revelation of what is going on in the villages. From dawn till sunset men, women and children, who will have walked distances up to 50 miles, or if too ill to walk will have come in ox carts and travelled through the night, arrive suffering from typhus, typhoid, scarlet fever, diphtheria, as well as every other conceivable form of illness. Our doctors, who are entering heart and soul into the work, also diagnose and prescribe not only for the patients whom they see, but in some cases,

knowing the psychological value of a bottle of medicine which has cost a 24 hours' journey—for those who are too ill to be brought. One girl arrived yesterday, for instance, asking for medicine for her two brothers and her mother who were all seriously ill with typhus. She had no one to help her, and had been obliged to leave them untended whilst she walked the 24 miles there and back to ask for medicine. She started back again upon her four hours' tramp smiling with satisfaction as she hugged the magic bottle under

her arm. Another woman brought two little children suffering from diphtheria, and had left two lying dead at home. The serum injection will save the former, and be the means of spreading the good news that help has come to many despairing mothers.

We have therefore now decided to open a series of these roadside dispensaries. Our own hospital, wherever we may be, will serve as organising centre for the various units. Each unit will comprise six individuals, namely, one woman

doctor (the peasant women are shy of discussing their ailments with men), two trained nurses (with knowledge of sanitary work if possible), one woman cook, one handy chauffeur, and one interpreter. The unit will live and work in tents and thus (a) be motile, (b) be enabled with a minimum of risk to deal with otherwise uninhabitable districts, (c) able to make its own sanitary arrangements. There will be eight tents in each unit. The estimated cost for each dispensary unit of six persons for three months including equipment and maintenance, is £1,000. It now depends upon

the British public how many of these roadside tent dispensaries we shall be able to establish in order to bring help to these poor brave patient peasants. I trust that before many weeks are past this idea of roadside tent dispensaries will be carried out."

Mrs. Stobart also reports that doctors and nurses who receive the patients wear long trouser overalls—closely drawn round neck and wrists, and with feet attached, to prevent entrance of the lice—made of batiste; and long boots.



ENGLISH NURSES AT LADY PAGET'S TYPHUS HOSPITAL, USKUB, SERBIA, WEARING THE UNIFORM THEY HAVE ADOPTED AS A PROTECTION FROM THE TYPHUS-SPREADING LICE.



## HONOURS FOR NURSES

Miss M. Oakey, R.R.C., whose portrait with that of a friend we publish on this page was, as we mentioned last week, trained at the General Hospital, Birmingham, and is a member of the Civil Hospitals Reserve.

Miss A. F. Byers, R.R.C., Acting Matron in Queen Alexandra's Imperial Military Nursing Service, was trained at the Royal Infirmary, Edinburgh, and volunteered for service in South Africa when war broke out. She subsequently joined the above Service, and before going to the front was Matron of the Military Hospital, Edinburgh Castle.

Miss Florence Harley, R.R.C., who was trained and was a Sister at St. Thomas' Hospital, is a niece of Field Marshal Sir John French, Commander-in-Chief of the British Expeditionary Force. She has been on duty in France since the beginning of the War.

Miss Miriam W. Bannister, one of the Civil Hospitals Reserve mentioned in Despatches, was Assistant Matron of the Royal Infirmary, Hull, when we had the pleasure of visiting that institution two years ago, and we well remember her courtesy and kindness in the absence of the Lady Superintendent, and the pleasure with which she pointed out all the special features of this busy hospital, beginning with the fine staircase opposite the central doorway. Her colleagues at the Royal Infirmary, Hull, were delighted to hear of the honour conferred upon her.



MISS M. W. BANNISTER.

"Mademoiselle.—It is pleasant for me to acquaint you with the following appreciation which I extract from the report of the Director

of the Medical Service (Service de Santé) of the 18th Region with reference to the Nurses of the French Flag Nursing Corps in the service of the Complementary Hospital, No. 25, at Talence near Bordeaux.

"Now that some of the nurses are ceasing to belong to one of the most important formations of the 18th Region, I wish to render sincere homage to their devotion. These nurses have given valuable assistance to the medical personnel. Their intelligent activity, their generous self-sacrifice has never abated."

The nurses whose term of service at Talence has expired will read this praise with pleasure.



MISS M. OAKEY, R.R.C., AND FRIEND.

## THE FRENCH FLAG NURSING CORPS.

The following nurses will leave for France on Saturday, July 10th:—Miss J. M. E. Smith, cert. St. Vincent's Hospital, Dublin, cert. I.S.T.M.; Miss A. B. Weir, cert. Victoria Infirmary, Glasgow; Miss M. C. Clarke, cert. Mater Hospital, Dublin; Miss J. McGibbon Campbell, cert. Western Infirmary, Glasgow.

The following letter has been addressed to Miss Grace Ellison, who acts in France as the delegate of the French Ministry of War in connection with the French Flag Nursing Corps by General Troussaint, M.D. the Director-General of the Medical Service, of the French Army:—

## THE KING GEORGE HOSPITAL.

Long after the War is over, when the immaculate cleanness of the King George Hospital has given way to the dust of His Majesty's Stationery Office, it will be remembered that this huge building was transformed from its original design and pressed into the service of the sick and wounded who poured in to the great station of Waterloo by the continental trains—maimed, halt, and blind—to find hands outstretched to them to lead them to sweetness, comfort, and light, after the harrowing experiences of modern warfare.

white quilts and scarlet screens are an effective contrast, and flowers and plants make the wards home-like and pleasant.

On a recent visit one was reminded the War is a grim reality by the two sentries on guard at the door of one of the wards. Here there were German prisoners, but their number was greatly decreased last week by the exchange effected.

Right glad were our own men to be in an English hospital once more, though empty sleeves, and crutches reminded us that they had gained this privilege only because they could not in the future take part in the struggle in which they had borne so gallant a part in the past. But to be



A WARD IN THE KING GEORGE HOSPITAL, STAMFORD STREET, S.E.

The pile of buildings faces Waterloo Road; and its great length runs at right angles along Stamford Street, with a red brick wedge at the corner, which is the Royal Hospital for Children and Women. The building covers an acre and a half of ground, and eight and a half acres of linoleum were required to cover the different floors.

The wards which vary so much in size that their capacity is from 3 to 65 beds are mostly bright and airy, though the structural arrangements necessitate the ceilings being rather low, but there are windows on each side, and through ventilation. The building is fire-proof, and the partitions by which it has been divided into wards of convenient size are of asbestos sheeting; painted green on the inside, and the floor covering is of green linoleum, to which the pink and

amongst friends, and in the free air of the Mother Country once more seems enough for them just at present.

The operating theatres are equipped with every device that modern surgery demands and there is also a fine X-ray department.

The great kitchens are on the top floor of the building, and connect with the dining room of the Nurses' Home, a breezy, cheerful room with windows on each side, and where dinner is served from a hot plate in the kitchen. A short staircase from the kitchen floor, and we are on the roof garden, at least some day it is hoped that flowers will grow and blossom there. Meanwhile, Sir Frederick Treves describes it in his general survey of the hospital as "a roof Sahara, as free from sentiment as a paving stone, where even the meanest worm would turn and die, and the

rankest weed would wither." But it has its compensations, amongst them the shelters given by many kind donors, where the convalescents can sit and smoke and talk at ease while enjoying the fresh breeze from the river and a view to delight the heart—from the Tower and Westminster in the foreground—from Highgate and Hampstead to the uplands of Kent further afield.

Down again in a friendly lift, stopping on the first floor to peep into one of the rest rooms provided and arranged with kindly thought for the requirements of the soldier. Bright and pleasant places these rest rooms where a man can write to the old folks at home, smoke his pipe, read the paper, and receive his guests in comfort. Down once more to the ground floor where the orderlies have their quarters, and where we meet the Matron of this vast building, Miss M. E. Davies, who surveys her vast charge with serenity, and indeed by a wise delegation of duty each floor has its own Matron, responsible for its efficiency. Under Miss Davies' guidance we visit the basement, devoted to stores of all kinds, every foot of the acre and a half usefully occupied. The pack store—that essential in a military hospital—where all the clothes of each man are sent, washed, sterilized, mended, and in many instances replaced for the most part with new before he leaves. Then there are stores for hospital supplies, clean linen, bedding, groceries and bread, clothing and much besides. Here, also, is the hospital chapel capable of seating 250 people, its altar and dignified arrangements being due to the personal care of Adeline, Duchess of Bedford, while in the little mortuary chapel the cross is the gift of Queen Alexandra.

Her Majesty the Queen has not only given two beds to this hospital but sent the linen and blankets for them embroidered with her cypher.

This latest Red Cross Hospital is equipped by the Joint War Committee which also supplies and maintains the resident medical and nursing staff.

The Commandant, Colonel J. M. Irwin, M.B., A.M.S., is greatly to be congratulated on the arrangements of the hospital, for the work involved in its transformation must have been colossal.

### THE LADIES' LYCEUM CLUB ENTERTAIN GALLANT PROTECTORS.

The Executive Committee of the Ladies' Lyceum Club hope to arrange a series of teas and entertainments to amuse convalescent soldiers, by way of expressing gratitude and appreciation of their gallant protection. The first of these functions is arranged for Friday, July 16th, and the guests are to number fifty from various military hospitals. The tea is to be a feature, with a relish, and the hostesses will have the greatest pleasure in waiting on their guests. There is to be a band, and the programme arranged by Miss Marjorie Hamilton will be first rate. "Sister Susie," "Which switch Miss is the right switch for Ipswich," the "Echo Song" by the wonderful Maori chief,

and a humorous recitation by Miss Hamilton will be found on the programme.

### HOSTEL FOR WAR NURSES.

The Joint War Committee of the Red Cross and St. John of Jerusalem have accepted a Hostel for Nurses, to be opened at 1, Tavistock Square, W.C., on Monday, July 12th. The Queen has signified her intention of becoming patroness of the institution, and has sent a donation of £100; it is to be used as a guest house for nurses from the Colonies, during transit; and for the reception of nurses returning from the Front, or *en route* for the Seat of War. Public subscriptions are being invited in support of the Hostel; and the committee, of which the Duke of Portland is President; the Earl of Plymouth, Vice-President; Captain Harold Boulton and Sir Ernest Flower, Hon. Treasurers; and Mr. D. Harold Boulton, Hon. Secretary—is entirely composed of men; and we cannot refrain from expressing the opinion that, kind as the intentions of these gentlemen undoubtedly are, that in a committee organizing a Guest House for trained nurses should not include a home for women, of so intimate and domestic a nature there should be women on the committee of management. It seems incredible that the expert knowledge of women on its board of management.

### THE CARE OF THE WOUNDED.

Major L. Haden Guest, R.A.M.C., is to be the resident Military Commandant of the new Hospital for Wounded Officers, which is placed in the Endsleigh Palace Hotel, Euston. The nursing staff will consist of thirty trained nurses, assisted by male orderlies.

The Commander-in-Chief and Adjutant to the King of Serbia, in letters to Mr. James Berry, F.R.C.S., states that he has learnt with the greatest satisfaction that there exists in the hospitals at Vrnjatchka Banja wonderful degree of order and cleanliness, and that the soldiers who have the good fortune to be under treatment in these hospitals receive extraordinary care and every comfort. He has expressed to Mr. Berry and his *personnel* heartfelt thanks in the name of the Serbian army and of the wounded and sick soldiers for all the services rendered. Mr. Berry reports that a definite assurance has been given him by the head of the Army Medical Department in Serbia that, if there is fresh fighting, seriously freshly wounded cases will be sent to the Anglo-Serbian Hospital. He adds: We have now built up a huge organisation of six separate hospitals in different parts of the town. We have an aggregate of over 300 beds, although at the present time only about 130 are occupied, as we are waiting for freshly wounded.

## JOINT WAR COMMITTEE.

The following nurses have been deputed to duty under the Joint War Committee:—

*Soldiers' Hospital, Royston, Herts.*—Miss K. Bennett-Jones.

*Joanville Red Cross and V.A.D. Hospital, Eaglescliffe, Co. Durham.*—Miss A. Postlethwaite.

*V.A.D. Hospital, The Larches, Uppingham.*—Miss E. M. Towell.

*Rothesay Hospital, Weyhill, Andover.*—Miss E. G. Hobbs.

*Charlton Manor, East Sutton, near Maidstone.*—Miss M. Turtle.

*Red Cross Hospital, Llandovery.*—Miss A. N. S. Lovell.

*Grand Duchess George of Russia's Hospital, Harrogate.*—Miss K. M. Lödrup.

*Middlesex Red Cross Hospital, Hanworth Park, Middlesex.*—Miss E. M. Haywood.

*Malling House, West Malling, Kent.*—Miss E. C. Sage.

*Godington, Ashford, Kent.*—Miss K. N. Burman.

*St. John's Auxiliary Hospital, Rushmore, Salisbury.*—Miss J. T. Holmes.

*Sarnesfield Court, Wobley S.O., Herefordshire.*—Miss M. Haines.

*Woodlands Hospital, Wigan.*—Mrs. Davies.

*Levenshulme Auxiliary Hospital, Manchester.*—Miss K. F. Heffernan.

*Military Hospital, Golder's Green.*—Miss L. Short.

*Moor Park Hospital, Preston.*—Miss E. Sadler.

*Red Cross Hospital, Station Road, Gillingham.*—Miss J. D. Henry.

*Gifford House, Roehampton.*—Miss I. M. Hamilton.

*Military Hospital, Clipstone Camp, Mansfield.*—Miss E. S. Glover.

*The Close, Winchester.*—Miss E. Hughes.

*V.A.D. Yacht Club, Gravesend.*—Miss G. H. Imrie.

*Pitfour, Kington, Herefordshire.*—Miss C. A. McGovern.

*V.A.D. Hospital, Rosherville, Kent.*—Miss C. Smith.

*Red Cross Hospital, Cirencester.*—Miss A. Postlethwaite.

*Hayle Park, Maidstone, Kent.*—Miss F. L. Burr.

*Heathfield, New Barnet.*—Miss K. W. Wilson.

*V.A.D. Hospital, Alford, Lincs.*—Miss C. S. Burgess.

*Newhall Key, Rawtenstall, Lancs.*—Miss E. Richardson.

The British Prisoners of War Fund continues to send out between 500 and 600 parcels of food to prisoners interned in Germany. Many names are sent to Lady Dodds, and it is hoped to increase the number.

Miss Nora Fletcher, R.R.C., Principal Matron in France under the Joint War Committee, makes her headquarters, when in England, at the Kensington Gardens Nurses' Club (57, Kensington Gardens, W.), of which she is a member. Under Miss Cave's personal supervision this club has gained a well-deserved reputation.

## INTERNATIONAL NEWS.

## SAN FRANCISCO.

(LETTER II.)

DEAR MADAM,—After a wonderful journey of ten days, full of interest and marvellous beauty, we arrived here safely on June 20th. You will be expecting some account of the business sessions of the Convention, held under the auspices of the American Nurses' Association, so I must reserve my description of that never-to-be-forgotten journey for another time. By the courtesy of the Rev. C. F. Aked, D.D., LL.D., the sessions were held in the "First Congregational Church." On Sunday evening, he held a service, and gave a cordial welcome and sympathetic address to the congregation of Nurses. Three organizations, separate and distinct, yet allied in general aim and purpose, are holding sessions at this Convention, namely—

1. The American Nurses' Association;
2. The National League of Nursing Education;
3. The National Organization for Public Health Nursing;

all of which are certain to be of deep interest.

After the business of registration of delegates and other Nurses had taken place, a report of the work of the National League of Nursing Education was given, Miss Clara Noyes, President of the League, occupying the chair. I shall hope to send you a more detailed account of this interesting and edifying meeting later.

A small informal meeting of the International Council of Nurses was held later in the Clift Hotel presided over by Miss Goodrich, the President. Others present were: Miss Genevieve Cooke, President American Nurses' Association; Miss Palmer, Editor of the *American Journal of Nursing*; Miss Knottenbelt, official delegate from Holland—who also represented the professional journal of her country, *Nosokomos*; Miss Hunter, formerly Matron of the General Hospital, Brisbane, Queensland; Miss Annie Hulme, Hon. Secretary of Matrons' Council, and Miss Beatrice Kent, *BRITISH JOURNAL OF NURSING*, British delegates.

In the regrettable absence of Miss Dock, Miss Cooke acted as Secretary. The President explained that, owing to the absence of many who, under happier circumstances, would have been there, the meeting was merely held to keep the business of the International Council together. A meeting of the New York Committee had previously been held to consider International affairs. The balance sheet, sent by the Hon. Treasurer, was read and adopted. It was moved by Miss Cooke, seconded by Miss Kent, and carried unanimously, that the present Hon. Treasurer (Miss M. Breay) and Hon. Secretary (Miss L. L. Dock) be requested to retain office for the next triennial period. It was also agreed that the invitation from Denmark to hold the next Congress of the International Council in that country, be accepted; and also that Mrs. Henny Tscherning be invited to become the President. It was proposed by one of



the British delegates and seconded by Miss Knottenbelt that Miss Goodrich should be elected an Hon. President of the International Council upon her retirement, in recognition of her services during her term of office. This resolution was, of course, unanimously carried.

Much regret was expressed that Miss Wright, who should have been the Canadian delegate, was absent through illness. There are so many interesting meetings taking place, and so much to see and to learn; but I will endeavour to send you a contribution frequently.

BEATRICE KENT.

## CONFERENCE DAY.

### THE NEED FOR A TRAINED NURSES' ECONOMIC LEAGUE.—DISCUSSION.

At the Conference convened by the National Council of Nurses of Great Britain and Ireland, and held at 11, Chandos Street, W., on June 17th, after Miss Hawkins had concluded her able Paper on the above subject, the Chairman (Mrs. Fenwick) said that the nursing profession had had a very bitter experience of exploitation, because the control of their work, fees and assets commended itself as a profitable problem to financiers in various directions. If someone nipped in to manage your business and financial assets you might be sure there was money in it. The National Insurance Act was resented by nurses, as they were refused a hearing before it became law, and it was drawn to meet the needs of male extern workers, and not that of women intern employees. Nurses had, however, submitted to the law like orderly citizens, and Miss Mollett had seen clearly that a Trained Nurses' Friendly Society, under professional control, might prove useful, but it was only permitted to exist on sufferance, because the financiers who managed nurses' assurance eagerly grasped control of their insurance. There could be no effective progress or power in any profession which did not manage its own money.

Mrs. Herbert Lewis, Chairman of the Women Clerks and Secretaries' Society, said nurses were underpaid, and apparently had a dislike to combination, but she wondered sometimes if women would not get much further if they were a little more loyal to one another. The League which it was proposed to form would perhaps not appeal to those at the top, but there was every reason why it should. It had been suggested that probationers had to join certain insurance societies. The same difficulty had been found with clerks and secretaries. Nurses should organise now, as after the War there would be a big slump. The subject of women's wages as a whole was depressing, but we had only ourselves to blame if we did not face our difficulties boldly. Nurses were the kindest and most generous part of the community. They gave in a most wonderful way, and the independent ones should help

the others. The National Insurance Act was very unpopular with professional women workers. It was important that women's insurance societies should be strong, so that when the time for revision came they might be in a position to say what they did and did not want. Those managing women's societies were anxious to speak with authority. The speaker urged the members of the nursing profession to study their own problems. Those in assured positions could do much to encourage the younger members.

The Chairman said that if the Trained Nurses' Economic League were founded it would not be popular in well known quarters where nurses were "done for." But there were many questions that needed tackling. Much tabulation of statistics was necessary.

For nursing education (which, if good, must be costly), nurses made no money payment as a rule, but they gave years of hard work below cost, and this labour was a most valuable asset to the hospitals, without which many might have to shut their doors. Referring to the question of remuneration, the speaker said when the War Office required probationers—it doubled the usual salary offered, for half the work. The question of the endowment of Nursing Schools was an economic question of first importance and required consideration.

With regard to Insurance, there were immense possibilities if in the hands of the nurses themselves. With an expert committee of trained nurses, it had been proved that even in a small society a considerable sum could be saved.

The question referred to by Miss Hawkins of the control of a professional Journal was of vital importance to the power for good of every profession. The solidarity of the medical profession made it possible to acquire an income from advertisements of upwards of £28,000 a year in the *British Medical Journal*, money which was wisely spent in consolidating the medical profession for its own benefit, and the safe treatment of the public. Such profits were the legitimate asset of the profession which created the demand for the goods advertised, and not of predatory and unprofessional persons. Such profits should be available through their own official organ by every profession, as organization was costly. "There are thousands of pounds to pick up," concluded the Chairman, "if you are loyal to one another."

Miss Carter then seconded the resolution proposed by Miss Hawkins, "That a Trained Nurses' Economic League be now formed," which was unanimously agreed to.

Whether such a League succeeds or not entirely depends upon the interest taken in it by the nurses themselves.

### WELCOME HELP.

The President of the Society for the State Registration of Nurses acknowledges with thanks a subscription of £1 1s. from the League of St. John's House Nurses.

## LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

The summer general meeting of the League of St. Bartholomew's Hospital Nurses was held at St. Bartholomew's Hospital, E.C., on Saturday, July 3rd. The fact that the hospital and the nurses trained in its school were bearing an honourable part in the present war was evident first on crossing the Square, where convalescent soldiers, under treatment in the hospital, in their blue army suits and red ties were a conspicuous and picturesque feature. The President, Miss Cox-Davies, in the Chair, and Miss Musson amongst the members, were in the uniform of Principal Matrons in the Territorial Force Nursing Service, which was also represented by many Sisters and Nurses. There were also to be seen the uniform of Queen Alexandra's Imperial Military Nursing Service and its Reserve, and of the Reserve of the Royal Naval Nursing Service, all of which gave the meeting a very martial air.

Before the meeting opened the President proposed that a vote of condolence should be sent by the League to Mrs. Howard Marsh (formerly Sister Abernethy), on the death of her husband, Professor Howard Marsh, late Master of Downing College, Cambridge. This was carried in silence, the members rising in their places.

The President also proposed that the congratulations of the League should be sent to Miss Phœbe F. Watt, and Miss H. Hartigan, who had been awarded the Royal Red Cross, and to Miss E. M. Hansard. This was carried by acclamation.

After the minutes had been read by Miss Beatrice Cutler, General Secretary, and confirmed, the Treasurer, Mrs. Shuter, presented her report, which showed a balance at the Bank and in hand of £40 13s. 3d., and a Reserve Fund of £107 2s. 8d. The President stated that it had been suggested to her unofficially that this reserve should be invested in the War Loan, and this was unanimously agreed to with enthusiasm.

The General Secretary stated in her report that 76 new members had joined the League since last July. The League now numbered over 800 members.

The President, who proposed that the Secretary's Report should be accepted, said the new membership was a record for any one year. One could not help thinking what a joy it would have been to its founder, the late Miss Isla Stewart, to know how the League was increasing, and that the members all over the world were doing such good work.

Mrs. Matthews, who presented the Report of the Benevolent Fund, stated that no expenditure had been incurred, and the balance at the Bank was £62 os. 7d.

### THE ISLA STEWART MEMORIAL FUND.

Mrs. Shuter then presented the report of the Isla Stewart Memorial Fund, stating that she had received, during the year, £44 4s. 6d. and the

Standing Committee had on the previous day decided to purchase £100 of stock in the new War Loan, for which they had in hand £91 10s. 5d. The whole of the £500 which the Committee had aimed at collecting and investing was now in hand with the exception of £8 1s. With the £500 invested and successfully placed out at interest in a little more than a year the Isla Stewart Memorial would be an accomplished fact.

Mrs. Bedford Fenwick, Chairman of the Standing Committee, said the first award would be made in January, 1917, as the interest must be in the bank before this could be done. The report was adopted.

### STATE REGISTRATION.

Miss Vergette, in the absence of Miss Milne, presented an interesting report on State Registration of Nurses, mentioning the demonstration of the need for nursing legislation afforded to the country during the present war.

Miss Vergette also reported the Resolution moved at the Annual Meeting of the Society for the State Registration of Trained Nurses, by Miss Musson, which affirmed that the mobilisation of the nursing profession owing to the war had demonstrated the absolute necessity for a standard of nursing proficiency.

On discussion being invited, Mrs. Bedford Fenwick said that the position of the Nurses' Registration Movement was certainly satisfactory. There had been a large number of converts, as the unsatisfactory conditions of nursing organisation outside the Regular and Territorial Nursing Services was widely realised.

Mrs. Fenwick reported the action taken by the National Council of Trained Nurses in this connection, and drew the attention of the meeting to the new danger threatened by the attempt, without consulting the profession, to get the President of the Education Department to register nursing schools, and not trained nurses, and thus deprive the nursing profession of all personal responsibility concerning their educational standards, and power to maintain discipline in their own ranks. Mrs. Fenwick hoped that by a forcible expression of opinion in the right quarter those in favour of State Registration of Nurses would be able to prevent this new attempt to deprive the nursing profession of a just measure of legal status, as they had done all previous attempts at coercion. Anyway, the latest attack would be opposed, as all others had been, let us hope with equal success. The meeting warmly applauded this determination.

In connection with the extension of No. 1 General Hospital, T.F., to 1,050 or more beds, the President made an appeal for twenty-five more Bart's nurses; also for medical comforts and equipment not provided by the War Office.

Mrs. Lancelot Andrews then gave an interesting account of a visit she had paid to Boulogne with Miss Cutler in the spring, when they had visited the Bart's nurses at work there. Everything was in khaki, including the ambulances, of which they saw 360 or more at one time. She said

they were most kindly welcomed, and went over several military hospitals, all wonderfully well equipped, and where the nurses were very happy. She described the excellent organisation of an infectious hospital under Colonel Evans as Commanding Officer, on the foreshore, enclosed by barbed wire. The bathing huts made single wards, there were the newest and most up-to-date disinfectors and destructors, all the different diseases were segregated, a large hotel adjoining was devoted to the treatment of enteric, and Colonel Evans hoped to have some facts to give to the medical profession at the conclusion of the War which would reform the treatment of enteric. They also paid a visit to the Home of Rest at Hardelot, managed by Lady Gifford, in a vehicle known as "Shaky Lizzie," and learned how greatly the nurses appreciated the rest and care they received there.

#### THE EXECUTIVE COMMITTEE.

The President then announced that, as a result of the ballot, Miss Graham, Miss E. M. Macfarlane (at present in Malta), Miss E. Thompson, and Mrs. Gibb had been elected members of the Executive Committee in the place of Miss Carver, Miss Curtis, Miss Garnett, and Miss Lardner, to whom a cordial vote of thanks was passed.

The Social Gathering in the Great Hall was, as usual, most enjoyable, and an interesting episode was the presentation by the President of the tennis cup to Nurse E. P. Collyer for the ensuing year. This is the second year Miss Collyer has won it, and if she wins it a third time it will remain in her possession. The cup is given by Miss Maud Earl, Matron of the Princess Alice Hospital, Eastbourne, and bears the inscription, "Nurses' Tennis Club. Presented by Maud Earl, 1913."

The music, as was fitting in war time, was supplied by Mr. Algernon Clarke's Ladies' Trio.

#### AMERICAN SYMPATHY.

The nurses of the United States of America have given many demonstrations of their sympathy with their British colleagues, while the American Colony in Paris are maintaining a fine hospital for the wounded men of the Allied Nations at the Lycée Pasteur Hospital, and Miss Helen Scott Hay and her units are at work in Russia, and others in Serbia. Lately a unit of some 32 American doctors and a staff of 75 nurses arrived in this country, their services were accepted by the Director General of Medical Services, Sir Alfred Keogh, and on Friday, July 2nd they left for France to take up the work allotted to them in a large new hospital. This unit comes chiefly from Chicago, and units from other great cities are prepared to follow suit. We need have no fear of a serious shortage of well trained nurses, whatever may be the exigencies we have to meet, so long as such generous help is given by our Colonies, and our American friends, in whose ranks some of the best trained nurses in the world are to be found.

## APPOINTMENTS.

#### ASSISTANT MATRON.

**West House, Royal Edinburgh Mental Hospital, Edinburgh.**—Miss Elizabeth M. Cuthbert has been appointed Assistant Matron. She was trained at the Southport Infirmary, and has held the position of Night Superintendent at the Royal Asylum, Montrose, Out-patient Sister at the London Throat and Ear Hospital, and Sister at the Eye and Ear Infirmary, Liverpool.

#### CHARGE NURSE.

**Luton Union.**—Miss D. M. White has been appointed Charge Nurse. She was trained at the Salford Infirmary, Pendleton, and has been on the staff of the Infirmary and of the Trained Nurses Institute, Fallowfield.

#### SISTER.

**City of Westminster Union Infirmary, Hendon.**—Miss Grace M. Ellis has been appointed Sister. She was trained at Hendon; and has been promoted to fill a vacancy created owing to a member of the staff being on active duty in connection with the War.

#### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following lady Nurse has been permitted to resign the service: Nursing Sister Miss K. M. Shaw (March 1910).

#### QUEEN VICTORIA'S JUBILEE INSTITUTE.

##### TRANSFERS AND APPOINTMENTS.

Miss Gertrude Page is appointed to Chelsea, as Superintendent. Miss Page received General Training at the Royal Hants. County Hospital, Midwifery Training at Cheltenham, District Training at Hammersmith and Fulham D.N.A. She has held several appointments under the Institute, including that of Superintendent at Central St. Pancras.

Miss Edith Plumbly is appointed to Central St. Pancras, as Superintendent. Miss Plumbly received General Training at St. Bartholomew's Hospital, District Training under the Metropolitan D.N.A., and holds the C.M.B. Certificate. She formerly held the post of Senior Nurse at Central St. Pancras.

Miss Maud E. Joyce is appointed to Staffs. C.N.A., as Assistant Superintendent. Miss Joyce received her General and Midwifery Training at North Evington Infirmary, Leicester, and District Training at Liverpool (Derby Lane Home). She has since held several appointments under the Institute, including that of Assistant Superintendent at Tipton.

Miss Sarah M. Haswell is appointed to Orpington; Miss Catherine Higginson, to Boxgrove and Westhampton; Miss Elizabeth A. Milner, to Chelsea; Miss Elsie Pollitt, to Asfordby.

#### THE PASSING BELL.

We report, with very deep regret, the death of Mrs. Durrant, who, as Miss J. M. Sutherland, attended the International Congress at Cologne, in 1912.

as one of the delegates of the New Zealand Council. We all remember her as a lady of great charm; and this intimation of her death so soon after her happy marriage, will be received by a wide circle of friends with sincere sorrow.

### TWO WAR HEROINES.

Signora Maria Abbriani has been awarded a medal by the King of Italy for leading a bayonet attack by Bersaglieri on the village of Mori in the Trentino, and Mme. Daure, a farmer's wife, has been mentioned in a French Army Order for rescuing wounded under fire and remaining with them during the bombardment of the farm.

### NATIONAL UNION OF TRAINED NURSES.

The Report of the National Union of Trained Nurses for 1915, in its distinctive green and white cover, tells of much good work done during the past year. A voluntary register of nurses free to help, either in nursing the wounded, or to fill the gaps left by those called up, was formed at the beginning of the war.

Our readers will be glad to know that the poster recently noticed in this Journal, showing the great disease-carrier, the fly, on its inglorious career from filth to food, is now published as a postcard, price 2s. for 50, post free. Those who wish to embark on sanitary propaganda can obtain it from the N.U.T.N., 39, Great Smith Street, S.W.

### NURSING ECHOES.

The Bishop of London last week dedicated at the Queen's Hospital for Children, Hackney Road, E., a cot as a memorial of some of those who have given their lives for their country. Many mothers, wives, and children who have lost dear ones in the war assisted in providing the endowment.

The Catholic Nurses' Institute, Lambeth Road, S.E., which has been established in South London for over twenty years, is doing very good work amongst the sick poor in the Cathedral parish and the various missions of the Borough, Melior Street, Bermondsey, and Peckham. Last year 12,000 visits were made to cases; eighty-eight patients were nursed, of whom thirty-nine were non-Catholics, in the hospital. The Institute hopes before long to build a permanent Catholic hospital for South London.

Major Chapple, M.P., M.D., who is in charge of the Nurses' Registration Bill, and who is at present serving at the Front, has been invited to become a Vice-President of the Asylum Workers' Association, whose interests have

been well considered in the Bill, although they have not taken an active part, as in our opinion they should do, in supporting this special form of legislation.

Dr. Turner, London, has reported to the Southwark Guardians on his examination of the Nurses at the Infirmary, East Dulwich Grove. Dr. Turner stated that there were 25 candidates, all of whom reached the pass standard. Generally speaking, a high standard was shown, both in the paper and at the viva voce examination. "Those whom I have marked as very good," added Dr. Turner, "showed a high standard of excellence, and I should especially like to mention Nurse Sunderland, who headed the list." The Guardians have expressed themselves satisfied with the result of the examination.

The new Nurses' Hostel attached to the Durham County Hospital, which was recently opened by the Earl of Durham, is greatly appreciated by the Matron and the Nursing Staff, who are no doubt grateful to Miss Margaret Brown, of Gilesgate, Durham, for her generous donation of £1,400, which encouraged others to support the scheme. Lord Durham had many kind things to say of the nursing profession in his opening address. He knew well, he said, the work that nurses in the country were doing for them at the present time. During the last ten months they had had experience of the noble efforts women were making, and certainly the nursing fraternity deserved their most grateful thanks. In fact, they could not do too much for them, as they did so much for others in sickness. He expressed the hope that for a very long time to come the Hostel might be of very great benefit and utility to the nurses at the hospital.

Towards the cost of a beautiful new piano for St. Luke's Ward, North Ormesby Hospital, Middlesbro', the patients collected the splendid sum of £12, a very practical way of expressing their gratitude for the care and attention given them. The Sister-in-Charge of the hospital and Nurse Eckersley desire to very sincerely thank the patients, past and present, and their friends, for their generous gifts.

The 17th annual report and balance-sheet of the Melbourne Nursing Club, affiliated to the Queen Victoria's Jubilee Institute, has just been issued. The report calls attention to the increased work that has been excellently done by Nurse Moore (Queen's nurse), work that is none



the less noble because it is carried on unobtrusively among the sick and suffering at home, whose needs are perhaps greater than ever owing to the exceptional conditions existing in the country.

At the Annual Meeting of the Royal Derby and Derbyshire Nursing and Sanitary Association held recently the following presentations were made by the Mayoress:—

A purse of gold for 20 years' service, Nurse Elizabeth Bushell, and Nurse Lydia Grimes; silver badges for 14 years' service, Nurse Gertrude Hardy and Nurse Kate Cowan; Bibles for seven years' service, Nurse Amy Hardy, Nurse Winifred Harper (on active service abroad), Nurse Alice Bell, Nurse S. Monteith, Nurse Edith K. Dobson, Nurse Annie Aiken, Nurse Aline Capp.

A cheque was also presented to the Lady Superintendent (Miss Agnes H. Athhill), "for 21 years' faithful and devoted services." In making the presentation, the Mayoress said Miss Athhill's name would go down in the records of the institution for the important part she had played in its work. In Derby her name was a household word, and those who had come under her as nurses had been as angels in many homes.

Miss Athhill thanked the Board of Management for their gift, and the Mayoress for her kind words. She also thanked the nurses for their loyalty and devotion to her.

## REGISTRATION MISREPRESENTED.

The attack made by Miss Sparshott, Lady Superintendent of the Manchester Royal Infirmary, on the Society for the State Registration of Trained Nurses, and the refutation thereof by its President, has flashed its fiery course through the columns of the *Manchester Courier*, and we have to thank the Editor for promptly inserting our communications.

The only point in the attack of any importance was the statement made by Miss Sparshott that she was sending "to all the nurses in and around Manchester the following circular, which has been drawn up by Lord Knutsford, Chairman of the London Hospital."

### A PURPOSELY MISLEADING CIRCULAR. TO THE NURSES OF GREAT BRITAIN.

Have Nurses ever carefully considered the

#### CONSTITUTION OF THE COUNCIL

to whom, by the Registration of Nurses Bill, it is proposed to hand over the following vital matters:

- (a) To decide what hospitals are to be training schools;
- (b) To settle the whole curriculum of training,
- (c) And whose examination nurses must pass before they can be registered.

Here is its composition:

- 3 Nominees of the Privy Council—one to be a woman.
- 8 General practitioners.
- 1 General practitioner (or male nurse).
- 1 Mental nurse—male or female.
- 8 Registered nurses—of whom three shall be past or present matrons of training schools for nurses.

21

A Council of 21, on which there must be eight, or may be nine, General Practitioners.

While General Practitioners are quite competent judges of results, what can they know about the Training of Nurses?

Yet this Council is the chosen Council, chosen after mature deliberation, by those who profess to have the interests of nurses at heart!

There is no guarantee that on this Council there will be a Single Acting Matron of any Training School for Nurses.

516 Matrons of Hospitals and Institutions  
and

3,382 Nurses have already signed a Protest  
against this Bill.

#### KNUTSFORD.

In our communication we pointed out that the substitution by Lord Knutsford of the words, "general practitioners" for "registered medical practitioners," which appear in the Bill, was purposely misleading, and further that very serious consideration was given by the experts who drafted the Bill to medical representation, which is provided for as follows:—

#### CONSTITUTION AND APPOINTMENT OF COUNCIL.

4.—(1) The Council shall consist of twenty-one persons to be appointed or elected as follows:—

- (a) Three persons to be appointed by the Privy Council of whom one at least shall be a woman;
- (b) Three registered medical practitioners, one to be appointed by the Local Government Board for England, one by the Local Government Board for Scotland, and one by the Local Government Board for Ireland;
- (c) Three registered medical practitioners to be appointed by the British Medical Association, one to be resident in England, one to be resident in Scotland, and one to be resident in Ireland;
- (d) One registered medical practitioner to be appointed by the Medico-Psychological Association;
- (e) One registered medical practitioner to be appointed by the medical superintendents of the fever hospitals which may be recognised as training schools for nurses in fever nursing under this Act.

Thus medical opinion on nursing under Local Government Board Authority, in private practice, through the British Medical Association, through mental and fever specialists, will be adequately represented in the deliberations of the Nursing Council.

We also added:—

"Lord Knutsford's statement that there is no safe provision for seats for Matrons in active practice who may, or may not have the confidence of the electorate of registered Matrons and Nurses, is correct. The Bill has been largely drafted by Matrons in active practice, who are prepared to submit their names to a popular election, and thus accord to the electorate the right of the whole profession to appoint direct representatives on its own governing body."

## COMING EVENTS.

July 3rd to 10th.—Mothercraft and Child Welfare Exhibition, Passmore Edwards' Institute, Tavistock Place, W.C. 2.30 to 8.30 p.m.

July 13th.—Nurses' Union Garden Party by invitation of Mrs. Adair Roberts, Oak Hall Lodge, Froggnal, Hampstead. 3.30 to 6 p.m.

July 15th.—Society for State Registration of Trained Nurses. Meeting, Executive Committee, 431, Oxford Street, London, W. 4 p.m.

July 16th.—Lyceum Club. Executive Committee entertain wounded soldiers from Military Hospitals. Tea. 3.30 to 6 p.m.

July 22nd.—Central Midwives Board, Monthly Meeting, Caxton House, Westminster. 3.30 p.m.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## SANITARY NURSING SERVICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was present at the National Council Meeting on the 17th, and greatly appreciated what Mrs. Fenwick and Dr. Murray Leslie said about a Sanitary Nursing Service for the Army. When I think of those Canadian graves near Salisbury Plain, I wonder how many of those splendid patriotic young men might have been spared had such a service been organized in time of peace, and ready to care for them. I do hope something will be done. I am writing home about the Imperial Mother; we have plenty of them in the land of the Maple Leaf.

Yours, &c.,

A CANADIAN SISTER.

## WHERE THE SHOE PINCHES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We beg to bring to your notice a paragraph which has recently appeared in the Press, feeling sure of your kind sympathy and valuable help to air—and if possible get redress. As you are aware the Staff nurses of the Territorial Force Nursing Service receive a salary of £40 per annum, and are *obliged* to be fully qualified nurses with a certificate of not less than three years in a recognised training school. In addition to that the majority of us give a record of having qualified in some special branch, and have held posts of more or less responsibility subsequent to our training.

Now we are to have the indignity of having women with two years' training put on an equal footing—as to duties and remuneration.

As we shall have a very serious menace in a large majority of Red Cross workers who are now admitted to these hospitals, and paid a salary of £20 a year, to face when the war is over, who will flood the Private Nursing and Nursing Home world

posing as "trained nurses" these two years' nurses will be even a greater danger.

Lord Knutsford is busy again with his anti-State Registration scheme. I think the time has come when the voice of the section who will be the worst sufferers should be heard, and not let one man dictate where so many women's livelihoods are at stake.

I feel I am taking a great deal of your valuable time, but as you alone seem to be the friend and champion of the Private Nurse who is working for herself and not for her training school, I venture to plead for your help in the name of a great many of the Territorial Force Nursing Service and subscribe myself

Your obedient Servant,

STAFF NURSE, T.F.N.S.

[This lady has had the courage to give her address and sign her name, but for obvious reasons we omit them. The paragraph our correspondent alludes to refers to the Joint War Committee and not to the Advisory Nursing Board of the T.F.N.S., and states that it is now accepting the services of nurses with two years' training, salary £40, as Staff Nurses, "while those whose training has been broken up. . . . are accepted for home service and occasionally for the Anglo-French Hospitals in France."

Of course it is eminently unfair to give semi-trained nurses the same status and remuneration as those fully qualified, but trained nurses must realise that before the law they are only domestic servants, and until they are registered by Act of Parliament they have no rights of protection of any kind from the competition of the unskilled—and so long as they do not combine in thousands this gross injustice will continue. Moral, join the Society for State Registration of Nurses.—Address, 431, Oxford Street, London, W.—ED.]

## REPLIES TO CORRESPONDENTS.

Miss S. A. R., Birmingham.—(1) We have asked the Hon. Secretary of the Society for the State Registration of Trained Nurses to send you an application form. (2) Write to the Matron, Animals Hospital, Belgrave Road, London, S.W., and ask for particulars and terms as to training.

## OUR PRIZE COMPETITIONS.

July 17th.—State what you know about the mechanical treatment of compound and suppurating fractures.

July 24th.—Give the signs and symptoms in a case of placenta prævia. What are the risks to mother and child? What general management would you adopt?

July 31st.—Name two communicable diseases, and state the manner in which the infection is carried.

## NURSES HELP THE WAR LOAN.

Since the Barts, League Meeting, Mrs. Shuter has received £3 12s. of the £8 4s. required to make up the £100, which the Standing Committee wish to invest in War Loan Stock. We hope she may receive the remaining £5 12s. before Saturday July 10th, so that the Isla Stewart Memorial Fund of £500 may be closed and invested.

# The Midwife.

## MOTHCRAFT AND CHILD WELFARE.

The Exhibition of Mothercraft and Child Welfare at the "Passmore Edwards" Institute, Tavistock Place, W.C., was opened on July 3rd, by Muriel, Viscountess Helmsley. A most interesting collection of exhibits are on view.

I.—Models of two rooms, one arranged by a dirty, careless mother, expecting confinement, and another with similar furniture and circumstances arranged by a clean careful mother. The contrast was eloquent and instructive.

II.—An artificial feeding exhibit, with feeding bottles—approved and otherwise.

III.—A Baby Care Exhibit, which showed in particular a screen designed for containing necessary articles for use in washing and dressing a baby.

IV.—Model clothes.

V.—Model of Day Nursery.

VI.—A Dental Exhibit. Who runs may read.

VII.—Housewifery and Cooking. This exhibit not only demonstrated inexpensive and suitable meals for babies, but also displayed food unsuitable for the same, e.g., bloaters, pickles, faggots, and like delicacies.

VIII.—Fly Exhibit. This exhibit brought home, in simple demonstration, the disgusting blue-bottle and its smaller kindred in relation to food. Simple effective fly traps were also shown.

IX.—The literature stall was contributed to by all Societies dealing with the care of women and children, and is a storehouse of information on these subjects. The leaflets are distributed free, and should be acquired by nurses interested in these subjects. A comprehensive leaflet issued by the N.S.P.C.C. entitled, "How to Bring up a Baby," contains all that a mother ought to know and believe excepting only that the forbidding of the deadly comforter is omitted.

All must agree with its axiom: "The first care of a mother is her baby. All the rest of her cares are second to this."

The Exhibition remains open till July 10th, and lectures are delivered every afternoon, by medical women and men, dental surgeons, and social workers.

On Wednesday, Dr. Louis Sambon lectured at 4.30 on the Protection of Children Against Insect-borne Diseases. This was a chance too good to be missed by any nurses and midwives who could avail themselves of it.

Admission is free both to the Exhibition and Lectures.

### NATIONAL MOTHCRAFT COMPETITION.

The National Mothercraft Competition, in connection with the Exhibition of Mothercraft, was held on July 3rd at the L.C.C. Infant Schools, Cosway Street, Edgware Road. The Competition was for the Challenge Shield which was carried off

by the School of the Goldburn Ward, Kensington, which obtained 39 marks. The second prize was awarded to the School of St. Peter's Branch, Holborn, 38 marks; and the third to St. Marylebone (Mondays, Consultation) 29 marks.

There were fourteen Classes in which competitors could enter subject to the Rules. Eighty-five mothers, and over sixty infants competed.

The Laundry Class required a set of baby clothes to be washed and ironed. The second prize was awarded to an out-of-date robe, and a much discoloured flannel, belonging to the mother of ten children, the clothes having served each in turn. She certainly deserved her award.

The Cookery Class regulation was that the dinner should provide for four persons—father, mother and two children—at a cost of 1s. 3d. Most surprising were the results obtained from such a modest sum, running in some cases into three courses.

Appetising stews, stuffed Yorkshire pudding, deliciously cooked fish, floury potatoes, fried potatoes, meat puddings, stewed fruit junket, even dainty dishes of toast with cheese.

Service was taken into consideration, so that not only well-cooked food, but appetising appearance was the order of the day. The husbands of these mothers are to be congratulated.

The most important class of all was that of "The Mother and Child showing evidence of having profited most by the instruction given at her school." The prize for this class was carried off by a mother in the South Marylebone School.

Six simple questions in home nursing formed another competition, on such subjects as ventilation, disinfection, bedsores, &c.

The letters on Mothercraft revealed a surprising response to the instruction given. The subjects were: (a) How to secure a restful night for a nervous child; (b) How to teach obedience; (c) What clothes should a baby of three months wear. The beaming winner of the first prize could hardly believe she was the possessor of a whole sovereign.

It was a goodly and inspiring sight to see these mothers of all ages, and their little ones. How happy the mothers were! It was such a pleasing feature to hear the generous applause accorded to the prize-winners by the less fortunate. How charming the babies! Fancy over sixty babies without comforters, except—low be it spoken—one!

The prizes were distributed by Lady Baring, assisted by Dr. Eric Pritchard.

An excellent tea was provided for the mothers and visitors.

The organisers and workers of these centres cannot be too highly praised for their high and noble work, the results of which are self-evident. Would there were such centres in every district, both in towns and country villages. True war work this.

# THE CENTRAL MIDWIVES BOARD.

## JUNE EXAMINATION.

At the examination of the Central Midwives Board, held in London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne, on June 15th, 1915, 490 candidates were examined, and 394 passed the examiners. The percentage of failures was 19.6.

## LIST OF SUCCESSFUL CANDIDATES.

### LONDON.

*British Hospital for Mothers and Babies.*—K. C. Cumber, D. Rutter.

*City of London Lying-in Hospital.*—E. Bache, E. E. Cayzer, M. Fulcher, F. R. Gould, E. S. Hughes, S. A. Magness, K. M. Mason, G. E. Newton, E. M. Whitehead.

*Clapham Maternity Hospital.*—A. Clark, L. R. Ellis, J. I. Macpherson, A. S. Westcombe.

*East End Mothers' Home.*—S. Grayshon, E. E. Hay, A. M. Howlett, B. Meagher, A. E. Player, G. N. Salisbury, M. A. Whitaker.

*General Lying-in Hospital.*—G. Brown, A. Carter, A. Dempster, M. A. Fiehely, R. Hudson, F. V. Humphrey, B. H. Jakes, G. M. Jupp, A. Kennett, E. Marsden, L. R. Neale, M. E. Nuttall, E. Pullen, C. G. Rendell, G. M. Richards, N. Rivers, M. Spring.

*Greenwich Union Infirmary.*—B. E. Foster, W. E. G. Kidd.

*Guy's Institution.*—R. C. Crisford, M. A. Jones, F. J. Macdonald, S. A. Simpson, C. Snelling.

*Holborn Union Workhouse.*—C. E. Collison.

*Kensington Union Infirmary.*—A. Blatchford.

*Lambeth Parish Workhouse.*—R. Bussey, M. Murphy.

*London Hospital.*—M. G. Ellaby, E. Guldahl, M. E. Marten, E. Schoogaard, C. D. R. Stewart, R. M. Todd, G. Wilson.

*Maternity Nursing Association.*—D. M. Goff.

*Middlesex Hospital.*—A. E. Blakemore, A. J. Irving, H. C. Newport, L. M. Painton.

*New Hospital for Women.*—E. F. Gibson.

*Plaislow Maternity Charity.*—E. A. Archer, L. E. Barnes, E. A. Billing, M. E. Dodd, A. H. Dowling, T. H. Doy, E. M. F. Emery, F. M. George, S. E. Griffiths, C. Hall, E. C. Jores, J. Lewis, M. Parry, N. E. Perry, A. Porter, J. Porter, M. A. Rickell, M. M. Ryall, F. A. Smith, J. C. Taylor, H. Thorpe, E. G. Wright.

*Queen Charlotte's Hospital.*—M. Arthur, L. C. Benedict, E. C. Benson, A. F. Bulmer, M. A. Campbell, J. Dalghish, L. M. Gilbert, F. G. Goldsmith, K. Kirsopp, L. A. Main, M. N. Morley, J. Pattison, M. Rogers, A. M. Stewart, E. A. E. Taylor.

*Salvation Army Mothers' Hospital.*—M. V. Attwood, A. Field, M. E. Moore, E. O'Brien, M. Sargent.

*Shoreditch Union Infirmary.*—L. J. Bailey, L. J. Curran-Tyrrell, C. M. Nolan, K. W. Sandercock, E. Wallace.

*St. Bartholomew's Hospital.*—L. C. Tompison.

*St. Thomas' Hospital.*—M. Liddiard.

*Wandsworth Union Workhouse.*—N. K. Tunstall.

*Whitechapel Union Infirmary.*—K. B. Coombs, F. S. Major.

*Woolwich Military Families' Hospital.*—S. A. Long.

## PROVINCES.

*Aldershot, Louise Margaret Hospital.*—M. L. Baxter, E. N. Price.

*Aston Union Workhouse.*—M. Brooks, A. Tierney.

*Birkenhead Maternity Hospital.*—B. Grace, F. G. B. Hessom, A. M. Pierce, E. Radcliffe, R. Sambrook, H. Woollam.

*Birmingham Maternity Hospital.*—M. J. Breeze, A. Charles, M. J. Jacobs, S. I. Kidd, M. Kirtley, S. R. Lyon, E. Miller, E. J. Morse, A. Russell, F. Sheen, R. M. Thurston.

*Birmingham Workhouse Infirmary.*—K. E. Partidge, E. M. Whitehouse.

*Bradford Union Hospital.*—E. Craven, M. E. Tiplady.

*Brentford Union Infirmary.*—A. A. Carson.

*Brighton Hospital for Women.*—S. Bambrook, F. Jarvill, I. E. Prew, L. Robinson, O. F. Tucker, L. P. Woolcock.

*Bristol General Hospital.*—E. A. Lucke, H. A. Naylor.

*Bristol Royal Infirmary.*—E. F. Barton, M. Massiah, E. A. Scott.

*Chatham Military Families' Hospital.*—H. M. Monson.

*Cheltenham District Nursing Association.*—E. M. Cartwright, E. A. Davies, E. Pollitt.

*Chester Benevolent Institution.*—E. Allen, C. Kemp, E. M. Rogers, K. Williams.

*Derby, Royal Derby Nursing Association.*—B. M. Cable, I. D. Clark, M. A. Fairall, E. M. Hydes, M. Platts, A. M. Sharman.

*Devon and Cornwall Training School.*—R. Berhow, R. Cousins, S. E. Malone, L. M. Moyle, M. Sedgeman, E. A. Trethewey.

*Dewsbury Union Workhouse.*—M. L. Boardman, H. Ingram, E. A. Jennison, B. Oldroyd.

*Ecclesall Bierlow Union Infirmary.*—C. E. Quipp, F. V. Thomas, F. T. Wallis, L. T. Wynn.

*Essex County Cottage Nursing Society.*—F. C. Biggs.

*Gloucester District Nursing Society.*—M. Bensley, M. E. Clarke, C. Davies.

*Hartlepool Union Infirmary.*—M. Johnson.

*Hull Lying-in Charity.*—L. R. Benthall, L. Needley, E. J. Thompson.

*Leeds Maternity Hospital.*—E. H. Ashley, G. Bailey, E. M. Bates, J. A. Beveridge, A. M. Coopland, E. M. Harvey, L. Hewertson, B. McGill, M. Parker, J. Purdy, E. M. Rawson, E. A. Russell, E. Stone.

*Leeds Union Infirmary.*—A. Shallcross.

*Leicester Maternity Hospital.*—M. E. Almey, C. E. Cole, K. A. Croke, H. Evans, H. E. Knight, A. M. Murphy, A. J. Rae, L. Sherwin.

*Leicester Union Infirmary.*—O. E. Parrish.

*Liverpool Maternity Hospital.*—F. J. Ackerley, A. Ashton, M. East, G. M. T. Godfrey, M. E. Harrison, E. Holt, A. Ind, E. Lewin, M. Lewin,



M. MacGregor, M. Mellett, M. A. Morgan, M. I. Paterson, L. Rhodes, J. Rodgers, E. A. Sharp, R. A. Smyth, M. I. Thomson.

*Liverpool Workhouse Hospital.*—C. M. Davies.  
*Manchester, St. Mary's Hospitals.*—M. Aspden, M. Baddeley, M. E. Beesley, K. Broadbridge, E. R. Chambers, G. H. Evans, M. Ingall, A. Lamb, A. A. Lyon, M. J. Owen, E. Pickles, A. E. Smith, M. E. Smith, M. I. E. Snape, A. Taylor, D. M. White, A. J. Wilson.

*Manchester, Township of South Manchester Hospitals.*—M. Fairhurst, A. J. Hotchkiss.

*Manchester Workhouse Infirmary.*—A. Brown, E. Leach.

*Newcastle-on-Tyne Maternity Hospital.*—E. B. Robinson.

*North Bierley Union Infirmary.*—M. Winterburn.

*Northampton, Q.V.N.I.*—K. E. Claridge.

*Nottingham Workhouse Infirmary.*—F. Hemphrey.

*Romford, Union Infirmary.*—N. M. Russell.

*Sheffield, Jessop Hospital.*—A. Astley, H. E. Mallins.

*Sheffield, Union Hospital.*—F. Edwards, G.

Nicklin, M. Shephard, E. Stevens.

*Staffordshire Training Home for Nurses.*—O. E. Harris, E. Rowley, N. Sutton.

*Stepping Hill Hospital, Stockport, and St. Mary's Hospitals, Manchester.*—M. Faram.

*Sunderland Union Workhouse.*—H. Hudson.

*Wakefield Union Infirmary.*—J. Biggs, H. Matthewman.

*Walton, West Derby Union Infirmary.*—B. Feltham, E. M. Johnson, E. W. Whamond.

*Wolverhampton, District Nurses' Home.*—E. C. Sparrow, H. E. Tarbuck.

*Worcester County Nursing Association.*—A. O'Donnell.

*York Maternity Hospital.*—C. J. Akester, H. G. Brown, L. Catchpole, A. R. Jackson, E. M. Shonksmith, M. G. Swanson.

*York Union Hospital.*—M. I. Clegg, W. A. Quinn, L. P. Thornton.

#### WALFES.

*Cardiff Q.V.N.I.*—C. A. Davies, M. A. Jones, M. Lewis.

*Cardiff Union Hospital.*—F. Jones, M. A. Lloyd.

*Monmouthshire Training Centre.*—M. L. Stanley.

#### SCOTLAND.

*Dundee Maternity Hospital.*—B. Brindle, M. J. Fotheringham, M. A. Haxton, E. Johnston, A. E. Kellock, E. A. Shand.

*Edinburgh Royal Maternity Hospital.*—A. O. Atkinson, E. Graham, W. M. Herring, J. J. Matthew, E. Pomeroy, C. S. Rodger, J. Sangster.

*Glasgow Maternity Hospital.*—I. Black, M. Craig, J. C. R. Thompson, A. E. Tyrrell.

#### IRELAND.

*Belfast Incorporated Maternity Hospital.*—I. L. Boal, M. E. Crellin.

*Belfast Union Maternity Hospital.*—B. Dolan, M. Higgins, H. Hill, J. Nangle, E. J. Rutherford.

*Cork Lying-in Hospital.*—J. Murphy.

*Dublin, Coombe Hospital.*—L. E. Moore.

*Dublin National Maternity Hospital.*—T. McDonald.

*Dublin Rotunda Hospital.*—E. M. Cordero, E. M. Henderson, B. A. Hufiton, C. G. Kemp, J. Lightford, C. I. Marshall, M. G. Tomlinson.

*Lurgan Workhouse Infirmary.*—M. Ballentine, K. H. Latimer.

#### PRIVATE TUITION.

F. M. Bolton, C. Bremner, H. F. Bullock, C. Cameron, I. C. Coogan, A. R. Cowie, M. Diack, M. M. Dickson, M. Duck, E. A. Eccles, C. Fanning, W. M. Finch, M. Gillespie, C. A. C. Gillespie, M. J. Green, E. A. Hammond, H. Househam, A. T. Hudson, M. Irving, E. A. Jenkins, G. Loader, E. Lundie, J. MacDonald, A. H. McFaden, M. MacKichan, C. MacKinnon, L. N. Malpas, E. E. Metcalfe, H. K. Millard, E. Murphy, M. Nuttall, E. B. Owen, E. G. Phillipson, M. Prickett, C. Ryan, A. M. Searle, G. L. Taylor, E. Townend, E. A. Waby, M. J. Walsh, J. Ward, M. Watherston, A. E. Webb, A. Williams, S. A. Williams, M. E. M. Withers.

#### PRIVATE TUITION AND INSTITUTIONS.

*Belfast Union Maternity Hospital.*—M. S. Norwood.

*East End Mothers' Home.*—C. Drew.

*General Lying-in Hospital.*—X. K. M. Leeson, W. B. Mackie, C. G. Ware.

*Kensington Union Infirmary.*—V. E. Archer, C. A. Cooper, M. A. S. McElroy, E. M. Prosser.

*Leeds Maternity Hospital.*—E. Kellett.

*Liverpool Maternity Hospital.*—S. E. Taylor.

*Liverpool Workhouse Hospital.*—E. Bareham.

*Manchester, St. Mary's Hospitals.*—J. Chadwick, A. I. Duffield, M. A. Goulding, M. A. Sladen, N. Wilson.

*New Hospital for Women.*—E. M. Pavey.

*Nottingham Workhouse Infirmary.*—M. E. Holmes, M. E. Palmer.

*Woodwich Military Families Hospital.*—M. H. Leicester.

The conditions of labour of some Irish Dispensary Midwives seem to call for investigation and redress. The salary given is £20 per annum with an allowance of 5s. for every case attended and liberty to attend paying cases, but this permission cannot always be used owing to want of time. Further it appears that if the Medical Officer has too much work of his own on hand to permit of his undertaking the midwife's in her absence she cannot have a holiday. We know of one who has been over six years at her post, and has never had a day's holiday, whose application for three weeks' leave is refused on the ground that "the Guardians will not pay for a substitute during your absence, and therefore, decline to grant your application."

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### SUBMERGED BY SOCIAL INFLUENCE.

The question of the standing of members of Voluntary Aid Detachments, and incidentally their relations with trained nurses, are beginning to be discussed in the press, and we hope the publicity thus given will result in a better understanding of the whole situation, which urgently requires readjusting. The War Office has at last, to a limited extent, realized the necessity for this readjustment, and is endeavouring to bring under discipline uncontrolled, if well intentioned, enthusiasm.

*The Times* has now opened its columns to the discussion of the question of the rights of the members of the Voluntary Aid Detachments, its medical correspondent espouses the cause of the small hospital run by Voluntary Aid Detachments, which it is asserted is "less formal, less mechanical, and kinder than the big one," and discounts the theory that "doctors and nurses can be put to better use in larger institutions, that it is difficult to maintain proper inspection, and to secure adequate discipline, and that the men become 'soft' in the comfortable atmosphere of these small hospitals." The writer further contends that "the uniform of the Voluntary Aid Detachments, men and women, should also be registered. This is a pressing need, as until registration is carried out the nurses will lack status and be hampered in their work," and our contemporary concludes a lengthy leading article, in support of these claims, with the words:—"We trust that the reasonable requests of the doctors and nurses concerned will be granted without delay."

The trained nurses of the United Kingdom have for the last quarter of a century pleaded for legal recognition, they have urged that it is "a pressing need,

as until registration is carried out they will lack status and be hampered in their work," and one thing all unite in desiring is the registration of their professional uniform.

Throughout the whole of this period when has *The Times* ever devoted one editorial inch to the question, or expressed the hope that the reasonable requests of the trained nurses will be granted without delay? Nothing indeed has been more marked, in the whole of the registration controversy, than the silence of most of the great London dailies on the nurses' point of view; and until this boycott is removed it is impossible for the public to become thoroughly acquainted with the perils to which they are exposed from unstandardized nursing, and with the injustice done to trained nurses, who have spent three or four years of their lives in learning their business thoroughly, by denying them the status which their long years of arduous study and resulting skill have earned.

In addition to *The Times* the *Spectator* is opening its columns to the discussion of the nursing question, and one of its correspondents states that the "ungenerous and discourteous treatment (of members of Voluntary Aid Detachments) by their fully trained sisters is a blot on a noble profession, and should be removed."

This accusation has yet to be proved, but, if it were true, it will be admitted that the trained nurses have had ample provocation. The truth is that now the War Office policy is to concentrate these short term probationers in the large hospitals they are for the first time working under discipline, and the winnowing, and educating process is going on. Those whose work stands the test will have no reason to complain of lack of appreciation. On the contrary it appears to us they get far more than the regular probationer either expects or receives.

Meanwhile, since an analogy has been drawn between their work and that of their civilian brothers in the fighting line, we may remark that these brothers do not complain of the ungenerous and discourteous treatment of their superior officers as a blot on a noble profession which should be removed. They realize that the treatment they receive is possibly for their good, that in any case it must be endured, and gradually they find that it has shaped them into the smart, capable, gallant soldiers whose discipline and efficiency are the admiration of the world.

The ranks of the Voluntary Aid Detachments contain much promising material for the fashioning of nurses, provided that the members are content to begin at the beginning and to learn their work thoroughly.

The real cause of offence against the work of these Detachments for the sick and wounded in the past, is that so much of it has been shoddy, ignorant, and emotional. The first essential for its improvement is that it should be organized by a professional committee under the direct control of the War Office, and there is no reason why, in its degree, it should not be as efficient as that of the Regular Military Nursing Services.

### INSECT-BORNE DISEASES.

Dr. Louis Sambon, addressing an interested audience at the Passmore Edwards Settlement at the Mothercraft Exhibition on Wednesday, July 6th, on "The Protection of Children against Insect-borne Diseases," referred to the wonderful knowledge of the ancients of diseases and their control, and to an ancient Roman feeding-bottle (on view in the room) which he had discovered, fashioned so that no flies could get at the milk.

Referring to the Infant Mortality in this country, he said that some of it was due to the fact that the mothers could not take care of themselves, sometimes the deaths were due to their faults, sometimes to social conditions, but often to neglect. Thus the mortality amongst illegitimate children was double that of the legitimate. The babies, said Dr. Sambon, "come down like snowflakes in a storm, and melt away just as easily." Some came into the world unfit to live, but many died of disease in the first year of life.

### SUMMER DIARRHŒA.

One of the most important of infantile diseases was, said the lecturer, summer diarrhœa. It existed in times gone by, and it killed then as now, but some wonderful progress in our knowledge has been made of recent years, and the all-important discovery had been made that the chief means of spreading it was the house-fly, which was one of the principal causes of disease.

The fly spread infection by contaminating food and milk, to which it came from the latrine, the spittoon, from the excretions of the human body—from the bowels, the urine, the sweat, and the mucus from the lungs.

Take enteric fever. The germs were thrown out with all the discharges, and especially with the urine, even after convalescence.

Discharges should be emptied away at once, and never kept in places where flies had access to them. Discharges from the bowels of the fly, containing these germs, deposited on food and in milk were most dangerous.

Drinking water should be boiled. The ancients thousands of years ago boiled their water because it contained the germs of dysentery and typhoid. It was the simplest thing: bringing the water to the boil was sufficient. The great Persian King, Cyrus, when he went to war, took with him cattle, and provisions "well prepared," and boiled water from the river was carried after the army in silver vessels.

The Chinese always boiled their water, and that was the origin of the delicious beverage known as tea, as this was infused in the water to make it palatable. But, if sugar and milk contaminated by flies were added, then the tea might not be a safe drink. The speaker insisted on the importance of using only milk uncontaminated by flies.

### MALARIA.

Other diseases, he said, were also insect borne, a notable example being malaria, conveyed by mosquitoes. Dr. Sambon told the now well-known story, which nevertheless is always fresh, of the proof that the mosquito was responsible for malaria. It had been suspected for a long time, and Sir Ronald Ross had studied the cycle in connection with birds, but there was no proof in regard to human beings.

Medical men interested in the question asked the Government to take steps to destroy mosquitoes, and were laughed at. Then they asked, "Will you allow our mosquitoes to bite you?" They also volunteered to live in a swamp on a malarious island at the mouth of

the Tiber, and keep free from malaria simply by living in mosquito-proof tents. Then they began to collect mosquitoes, and for their purpose they had to get them infected with malaria. Some forms were worse than others, and they did not wish to infect Government officials with the worst form of malaria, so they found a boy suffering from tertian malaria and fed the mosquitoes on him. Then they enclosed the mosquitoes in gauze tubes, and put these in a wooden box with perforated zinc windows, and took them to the British Embassy at Rome. Thence they were taken to Ancona, and there placed in charge of the mails and brought to London.

In sending them, the difficulty was how to keep them alive, but Dr. Sambon, remembering that he had seen mosquitoes clinging to a cobweb in a stable, put some cobwebs, and a small piece of water melon in the tube with the mosquitoes, and so they travelled to Charing Cross, where they were met by representatives of the London School of Tropical Medicine.

The gentlemen at the Colonial Office declined to be bitten by these mosquitoes, but Dr. Manson, a most promising young medical man, son of Sir Patrick Manson, since, unfortunately, dead, was willing to subject himself to the experiment. The mosquitoes, who wanted blood for their little ones—the infant mosquitoes—at once bit Dr. Manson through the gauze tube when it was placed on his arm, and within sixteen days he began to shiver and shake, and developed a severe attack of malaria.

Even those promoting the experiment did not know it would be successful the first time, and there were still mosquitoes left. Mr. Warren, another medical man, thought what a pity it was to waste mosquitoes which had come so far, so he allowed himself to be bitten also, and for three years subsequently he was subjected to attacks of fever.

Similar work was done in America in relation to the mosquito which conveys yellow fever, and medical men there gave their lives to prove this fact.

Dr. Sambon told how he and some of his colleagues lived for five months in a mosquito-proof hut, which they were allowed by his late Majesty King Humbert to build in the Roman Campagna, and never had fever. But it was an interesting fact that some Anarchists, who attempted to assassinate the King, took refuge in the Campagna, and some police came from Rome in search of them. They arrived at 10 p.m. and left at 3 a.m., but subsequently he heard from Rome that every one of those policemen had contracted malaria. Yet, by living in their mosquito-proof hut from dusk to daylight,

Dr. Sambon and his colleagues for five months were immune.

This experiment proved conclusively that the mosquito is the medium by which malaria is conveyed.

Dr. Sambon pointed out that malaria in this country is practically extinct, though rare cases do occur. In Belgium and France, where the country has in some areas been flooded, mosquitoes are appearing in clouds. If any of them bite a person who has the malarial parasite in his blood, we might have a number of men disabled by malaria, though the men of the Army Medical Department would do all in their power to prevent it.

#### TYPHUS.

Another disease-bearing insect was the louse. Man was of no interest to lice except as a feeding ground, and they were now known to be a means by which typhus fever—known as famine fever and gaol fever—was conveyed. Typhus was at one time called "the Irish Disease," this was a misnomer, but prominence was given to its presence in Ireland because Irish physicians were studying it, and writing about it.

Typhus had decimated besieging armies. In the wars with Napoleon the French prisoners died from typhus, and in the retreat from Moscow it was typhus which wrought such havoc with the retreating army. Recently it had killed more Serbians than the Austrian bullets.

In order to prevent disease it was necessary to study its ways, and then to disseminate the knowledge so gained. Typhus was found to spread amongst those living in filth; in hospitals which were uncleanly, and not in others. This showed that the contagion was indirect, not direct, and it was now believed to be spread by the louse and the bed bug. The louse lived in clothing, principally in the seams, and however clean men might keep their bodies, if clothing became infected, the disease spread.

The ancients knew this, and spread mercurial ointment, which is disliked by these pests, round their necks and wrists; and, in the American Civil War, the seams of the men's clothes were similarly smeared. A thorough knowledge of this question was needed, and everyone should endeavour to help investigation.

#### PLAGUE.

Another disease in which the rat was the carrier was the plague. The ancients had this knowledge, which we lost and had only recently regained, and it was an interesting fact that when the Philistines returned to the Jews the



Ark which they had seized, they sent with it five golden images of the rats which marred the land. The translation in the authorized version was "mice," but it should be rats. They knew that the rats conveyed the plague. The disease, however, was actually transmitted by the fleas infesting the rat. Thus some fleas from the bodies of rats placed in antiseptic fluid infected both an Austrian doctor and nurse.

#### TUBERCULOSIS.

Dr. Sambon said that it was further probable that fleas and lice were carriers of other diseases. There was every reason to believe that lice in the head might convey tuberculosis. This theory, he was careful to say, might be right or wrong. It was not yet proved in the way that the conveyance of the other diseases mentioned was proved. Some people said this theory was nonsense, but it was not. His hearers would be familiar with the enlarged glands which appeared sometimes in the neck when the head was infested by lice. He believed these to be tubercular. The germ sown early might thus cause latent disease. He mentioned this theory only because the danger was so great, and to show the importance of destroying these head lice by vinegar, paraffin, &c.

The most common hosts of the fleas were cats and dogs, which should be kept clean, or not kept at all. The eggs of fleas were laid in the cracks of floors, and these should be kept clean by washing in water in which soda was dissolved.

In conclusion, Dr. Sambon said that he had only spoken of a few out of many dangerous diseases conveyed by insects. It was the business of everyone, especially at this time, to help to destroy them by keeping their own places clean, and to spread knowledge concerning them. People, he remarked, did not care to be asked for specimens for investigation purposes. He once asked for some bed bugs from a source he thought likely, and he was told to go and look for them in his own place. But he hadn't any of the dear little creatures. He wished he had just then.

Noble lives had been given in connection with the investigation of this subject, and he impressed upon his hearers (in a lecture given in competition with the voices of the babies in their mothers' arms) the duty of using boiled water and well-cooked food. Nothing should be contaminated by moving filth, living filth—i.e., vermin. "If you prefer bugs," he concluded, "keep bugs; but if you want them removed, the health authorities will remove them, if requested to do so."

## THE VALUE OF SOLIDARITY.

### (LETTER III.)

THE AMERICAN NURSES' ASSOCIATION, THE NATIONAL LEAGUE OF NURSING EDUCATION, AND THE NATIONAL ORGANISATION FOR PUBLIC HEALTH NURSING.—These three splendid bodies of American social service met under the auspices of the first-named Association for the first time in *joint* Convention in San Francisco, June 21st to 27th. About 600 delegates and other nurses from all parts of the United States were present, besides three foreign delegates, namely, two from Great Britain and one from Holland. Australia, New Zealand, India, and Canada were also represented. The three bodies met in joint session, under the chairmanship of Miss Genevieve Cooke, President of the American Nurses' Association, on the first day. From the point of view of spectator, a listener, and a learner the meeting was impressive and inspiring. Notable women in the profession read papers of great interest, and others addressed the meeting, which was characterised by enthusiasm, earnestness of purpose, and a high sense of the duties and responsibilities of the nurse. It was a gratifying and stimulating thought that this great gathering of women, interested in different branches of the work, had but one essential aim—the alleviation and prevention of human suffering. Under happier circumstances—as the chairman, with pathetic allusion to the European war, reminded her audience—the Convention would have been of an international character, and great regret was expressed for the absence of the delegates from the many affiliated countries, and more especially for the cause of it. An international war had made an international peace Convention—which is what an international Congress of Nurses really means in its essence—impossible. On the following days morning, afternoon, and evening sessions of the three organisations were held in the spacious church and other halls of the same building. "The picker-up of learning's crumbs" went from one hall to the other, listening, admiring, learning. All that these splendid American nurses are achieving and striving for was clearly and ably told at these meetings. They are thorough, and they aim high; they are not contented with mediocrity; how could they be, seeing they have a Chair of Nursing and Health attached to the Columbia University, New York; also the Nursing profession in America enjoys legal status in 42 States out of the 46. How are these things achieved? we may ask. We can unhesitatingly answer, because, and *only* because, of their *solidarity* and their *esprit de corps*, *unity of purpose*, *community of interests*. Anything and everything that is worthy and enduring can be accomplished in this way. It is true that we have disabilities that they have not. We are not State Registered, and we do not enjoy political enfranchisement as do the nurses of California. Nevertheless, to dauntless spirits no obstacles are insurmountable. There is room for more solidarity, stronger *esprit*

*de corps* among us. If each individual nurse would realise that she has a part to play in the uplifting of the profession, if all would take courage from the example of our sisters over the sea, in aiming for the highest standards, professional, educational and ethical, we should be such a force that we could easily achieve more, at least, than we have at present achieved.

In a word, the Convention has been splendid. It has indeed been a privilege and an inspiration to attend its meetings.

BEATRICE KENT.

San Francisco, June 27th.

DEAR EDITOR,—I feel I must send you a line to tell you that the Conference is at an end, and many were the regrets expressed at your absence. Miss Kent and I are laden with affectionate messages to you and Miss Breay, and next to the devotion of the Americans to England as a nation, nothing has touched me more than their sincere admiration for the Founder of the International Council of Nurses, and the work and struggle that you and Miss Breay have carried on for so many years in the interests of the Nursing Profession in England. You told us at starting that we should have a "good time" over here, but the "time" has exceeded our wildest expectations. We have met with the greatest kindness, the warmest, I may say the most affectionate of greetings, and with the most generous of hospitality all along the line.

From the day when we were greeted with the sunshine of Miss Dock's smile on the landing stage at New York, we have felt *absolutely* at home in America, and we are quite depressed at the thought of "moving on" and leaving behind all the kind friends, both American and Canadian, when we start off *en route* for Victoria.

ANNIE E. HULME.

(Representative, Matrons' Council of Great Britain and Ireland.)

### THE ROYAL RED CROSS.

The King held an Investiture at Buckingham Palace on Monday morning, when amongst the decorations conferred the following members of the nursing profession had the honour of receiving the Royal Red Cross:—Miss Phæbe Watt, Miss Catherine Elston, Miss Hannah Reid, Miss Norah Fletcher, Miss Edith Campbell, Miss Gertrude Richards, Miss Ida Greaves, Miss Nellie Adler, Miss Lilian Peet, Miss Isabella Barbier, Miss Annie Ivin, and Miss Edith Jackson. Miss Fletcher and Miss Greaves have now returned to France.

### MENTIONED IN DESPATCHES.

Sister S. K. Bills, of Queen Alexandra's Imperial Military Nursing Service, who was recently Mentioned in Despatches, was trained at the General Infirmary, Leeds. From 1900 to 1903, when she joined the Military Nursing Service, she was a member of the Registered Nurses Society, London.

## NURSING AND THE WAR.

The Queen Mary Hostel for Nurses, 1, Tavistock Place, W.C., for the use of nurses recommended by the Matron-in-Chief, Joint War Committee, which is expecting to receive its first sixteen guests as we go to press, has been adapted from a private hotel, the Committee taking over the contents of the two houses which form it. As the former tenants only vacated the house on the morning of Wednesday, 7th inst., this means that a great deal of hard work has been accomplished in four days under the supervision of the Lady Superintendent, Mrs. Carr Lawson, who certainly commends the Hostel to visitors by her courtesy and charm. The sitting room is a delightful room, prettily papered in a soft tone of French grey, with a green carpet, and when



MISS SARA KATHERINE BILLS.  
Sister, Queen Alexandra's Imperial Military  
Nursing Service. Mentioned in Despatches.

a representative of this JOURNAL visited the Hostel, vases of pale pink carnations harmonised admirably with the colour scheme, and the comfortable chairs looked inviting.

In the bedrooms, some of which contain two beds, all the bedsteads are new, and pretty quilts make them attractive. The Hostel is fortunate in having a green vista from the front of the house, and is just opposite the Passmore-Edwards Settlement, where much that interests nurses is going on.

The Hostel is intended as a clearing house for nurses returning from active service, till they can, if they wish, pass on to their own homes, or accept one of the kind invitations, placed with the Lady Superintendent, from hostesses in the country willing to receive them. It is also open to nurses waiting to proceed abroad.

Miss Jessie Milne Smith and a party of 20 Canadian nurses left London at midnight on Thursday, July 8th, to join a transport, en route for active duty in Egypt. All good wishes go with them in their patriotic work.

There is no doubt that with a little foresight nursing arrangements at Malta and in Egypt might have been more complete and efficient in time for the wounded returned from the Dardanelles, and it was owing to private enterprise that several units of thoroughly trained nurses were requisitioned from England at least two months after the event. Even now we hear certain hospitals at Cairo are under staffed.

In this connection Sir A. Markham asked in the House whether the Secretary for War refused to give his consent to private persons sending out to Egypt private hospitals at their own expense; and whether, as a consequence, when the wounded from the Dardanelles arrived at Alexandria they were sent to the German hospital to be nursed by German nurses. Mr. Tennant in his reply said that private hospitals were not and are not required in Egypt, and that the arrangements for the reception of the wounded at Alexandria were adequate in all respects, and that the General Officer Commanding in Egypt exercised a wise judgment in making use of the German hospital. In fact he would, no doubt, have been criticised adversely in the House and outside if he had failed to make use of all the suitable accommodation which was at his disposal.

We sympathise with the War Office in opposing private persons running military auxiliary hospitals, especially abroad. In very few instances have they been a success from the nursing standpoint, as so much unskilled help is permitted. A smattering of trained nursing is often all that is requisitioned, and of discipline, in many hospitals, there is none.

It is expected that the Australian Hospital (No. 3 General) which is staffed by members of the Australian Army Nursing Service, under Miss Grace Wilson as Matron, will be established at a convenient base in the Mediterranean for receiving wounded Australians from the Dardanelles.

A Sister who some weeks ago went out to the Grecian Archipelago sends the following letter to her sister, and it is a warning to those nurses who cannot stand great heat not to offer their services at this time of year for Egypt, as a hospital ship is not always handy:—

"I suppose you will have heard of my going out to Egypt to nurse the wounded, well the heat in Alexandria bowled me over altogether. I was only on duty in the Government Hospital about one hour when I had to return to the hotel (the Regina Palace) where we were staying. The next day I was asked if I would like to go on a hospital ship and I was very glad indeed to go. It was delightful after the heat in Alexandria. Well, if

you get this without it being censored you will be interested to know that I have been right up to the Dardanelles, and very few women can say that. We were at a place called —, an island between Turkey in Europe and Asia and then after that at a place called —, where we could hear the firing all night and even became accustomed to it. Now we have wounded on board and are bound for Malta. I shall be obliged to go ashore in Malta in my army cap and apron on account of the heat. I have got several badges (metal) of the Australian and New Zealand soldiers. I'll give you one when I get home."

Public opinion in South Africa is delighted with the fine generalship by which the Union Forces have conquered German West Africa and occupied and subdued an enemy territory of a larger superficial area than that of Germany. General Botha is, of course, the hero of the hour. Thus many patriotic nurses are now free to offer for home service. From Pretoria comes the information that in view of the constant enquiries the Defence Headquarters announce that the Union Government has arranged with the local Imperial authorities to give facilities in the event of the Imperial Government asking for trained nurses from South Africa, which it has hitherto not done. The Union Government also offered to do everything possible to meet any request from the Imperial Government for the formation of various units, particularly medical, as part of an Imperial Service Contingent, but the Imperial Government's wishes on this subject have not been intimated.

The nurses of South Africa are longing to take part in active service in Europe, and many are now leaving at their own expense for this purpose. The War Office has replied to an offer to supply nurses if employment and salaries are guaranteed, made through the *South African Nursing Record*, that it "can only accept nursing units sent and guaranteed by Government." Meanwhile, in view of possible requirements, a list of applicants is being kept.

One aspect of the case must be kept in mind. Trained nurses from the Over-seas Dominions volunteering for active service in Europe expect to be sent to base hospitals or nearer the fighting line at the seat of war, to France, Malta, Egypt and elsewhere, and few are content to serve in England, either in military or Red Cross Hospitals. Thus large contingents have with some difficulty been ordered on foreign service. We think for the future nurses from our Dominions and from America should understand that service in England is quite as useful and honourable as "at the front." At the same time they should not be deputed to serve in little hospitals with a staff of V.A.D. orderlies. We know from personal interviews that they strongly object to supervise and teach these probationers, they consider it waste of time, after coming from the other side of the world, and they should not be given this task.

## FRENCH FLAG NURSING CORPS.

The statement made that the Committee do not intend to send more nurses to France until the end of August is not correct. The Committee will continue to send such nurses as are suitable for the work. Several nurses will complete their six months' term of service, for which they have leave, during August, and others will take their places.

After eight months' very strenuous work at Evreux Sister A. Hawkins and Miss E. J. Haswell, Matron at Talence, have been granted three weeks' leave and are now enjoying well-deserved rest in England.

associated his congratulations with those of the Minister for War in recognising the valuable services which Miss Haswell has brought to bear on the organisation of her section of infirmiers and nurses, and begged her to accept his whole-hearted gratitude for her untiring devotion, her unimpeachable discipline, and her admirable bearing in all the difficulties of the service of the Complementary Hospital No. 25.

Miss Haswell, and the Registered Nurses' Society of which she is a member, greatly appreciate this high official recognition of her work for the French wounded from M. Millerand, the Minister for War, and from the medical officers who have had her work under observation.

Mrs. Alfred Paine, Hon. Secretary of the



MILITARY HOSPITAL, ÉCOLE JULES FERRY, LISIEUX.  
WHERE FRENCH FLAG SISTERS ARE AT WORK.

5. Medical Inspector Clarac, Director of the Health Service of the 18th Region in France, has communicated to Dr. du Magny, Médecin Chef of the Hôpital Temporaire 25, at Talence, a telegram which he has received from the Minister for War, giving Miss Haswell, Matron of the Hospital, three weeks' leave of absence, and at the same time asking him to express to her his thanks and congratulations for her good organisation.

The Director of the Health Service begged Dr. du Magny to acquaint Miss Haswell with the foregoing message, and to express to her also the thanks and congratulations of the Health Service.

In carrying out this request Dr. du Magny

Bedford Centre of the St. John Ambulance Association, is indefatigable in supplying slippers for the sick and wounded, the total number to her credit being now 6,520 pairs. Mrs. Paine has just added to her kindness by sending to 431, Oxford Street, W., 100 pairs of slippers tightly tied up in bundles of ten so that they can be most easily packed, and 200 muslins, which serve as a protection from flies, for the French Flag Nursing Corps. These gifts will be conveyed to France by members and will be most gratefully appreciated by the ever-courteous French soldiers, who greatly value gifts coming from "les Anglaises," and express their gratitude in most felicitous terms.



## LETTERS FROM THE FRONT.

## NURSING FRENCH SOLDIERS.

Having just returned from six months' nursing of the French soldiers I thought perhaps a slight description of the work and difficulties from one who has been through them might interest your readers. We, a unit of trained Nurses, were sent to work at the Hôpital Militaire, a base hospital, under usual circumstances a civil hospital, of some twelve pavilions, built only six years ago and therefore one might say "up-to-date." White tiled floors, painted walls and ceilings; each pavilion with windows at either side and consisting of two large *salles* or wards, seven smaller rooms in between—one used as a kitchen for cooking extras. The distribution of the food was done by the nuns with the help of infirmiers and convalescing soldiers. The lingerie, for storing linen was kept also by the nuns; a room for the soldiers' own uniform, all of which was fumigated, and various other offices. Each pavilion was under one nun or two—it depended on the sort of cases taken in. They saw to the bed linen and bed-making, with the help of infirmiers and the soldiers, and superintended all the feeding. I was very much struck with the French idea of feeding an invalid, say a pneumonia—he would have on his locker a jug of milk, a jug of bouillon and a jug of tisane, and he might help himself. This supply was brought round twice a day and if he finished his portion before the time for more he had to wait. When a little better he had potato purée and perhaps eggs twice a day, and sometimes rice pudding. Then he quickly got on to ordinary diet, which was vegetable soup with bread in it about 10 o'clock—nothing before. *Ma Sœur* went round with an infirmier and a large basket of bread; she put on the foot of each soldier's bed a chunk of bread, sometimes when you were doing his dressing. Then came wooden trays with plates of meat and haricot beans, or a stew with vegetables or meat and rice or eggs. Then supper at 4 o'clock, when they had again a plate of meat and vegetables and a large piece of bread, with cider to drink both at 11 and again at 4. Nothing more till next morning. After the beds were made and the soldiers washed (many of them had no soap and *ma Sœur* kept the soap under lock and key and would allow one square out for the doctors) came the Visit. Sometimes the doctor began his round at 8 o'clock. We all trooped after him. That is *ma Sœur*, who knew all about her soldiers, myself, the Sergeant who wrote the prescriptions (and they were only for 24 hours) and took orders about presenting the soldier's papers to the Médecin Chef for discharge. Educated men also act as infirmiers, but are not to be confused with the infirmiers who cleaned the wards or distributed the food; they did cupping, of which there was a great deal, gave enemas and helped with the dressings. They were a trial with the dressings—forgot to wash their hands, except after a dressing, would feel if the boiled water were hot with their

dirty fingers and rummaged indiscriminately in the sterilized gauze or wool box, leave dirty dressings lying about on a bed or the floor, or a table, and never by any chance cleaned up a basin they had used: they left that to you. Neither had they any instruments—and the ward very few. Unless you kept a very sharp look-out after your own instruments they were left about and nobody knew anything about them, so it was nobody's fault if they were lost. Yet in spite of these little drawbacks, the French are a charming nation. They cheerfully do the work they have to do, and thoroughly enjoy their smokes and games.

The doctors devote their whole time and energies to their work and their surgery is wonderfully effective. Plaster of Paris is much used instead of splints, with windows left to dress the wound, but it means much massage after, as the plaster is sometimes left on for six weeks. For an extension anything—heavy bricks for choice. But the cures are wonderful. One man—to state a case—had two inches of bone taken from his right shoulder; he had no shoulder joint, and yet I saw that man digging day after day in the grounds. My part was to do the dressings, see to any little thing a bedfast soldier wanted, and to keep the wards as straight and tidy as I could, see to the cutting of the gauze for dressings, also the wool, give hypodermics, of which there are many; and one time, when we had in a number of pneumonias, I gave over thirty in the day.

The great difficulty one has, if not a fluent French speaker, is the receiving orders from the doctor or *ma Sœur*, as they have not time or patience to keep trying to explain again and again. When a soldier is very ill he cannot be bothered to tell his wants to someone who does not understand, and you just have to do what you think best, but it is not always to his satisfaction, though a soldier is a most grateful man for any little attention, and if you have the luck to have an English-speaking Frenchman in the ward he will always come to your help. There are no screens, which is sometimes trying till you get used to it, as all those who are up and dressed take a keen interest in one another's dressings and lend each other little mirrors to see their own wound. I shall not forget my feelings when first doing a fistula. Eight or ten soldiers all looking on and discussing it, all ready to lend a helping hand in the dressing, with the box of gauze and wool, and the postman came in and stood at the bottom of the bed, remarking, "Tch, tch, cette mauvaise place—c'est bizarre" and I thought so too.

One cannot speak too highly of the French cheerfulness—their accepting circumstances without a grumble when one remembers what war means to them—every man in the service of his country. In hospital work one must remember that though their ways are not our ways they are not therefore ways to be sneered at, but suit the people and meet the circumstances, perhaps, better than our ways would. Always keep in mind that *ma Sœur* is the head of her ward and has the welfare of her soldiers at heart and is devoted to them.

AN ADMIRER.

## THE CARE OF THE WOUNDED.

We are able, by the kindness of Mr. Panter, Secretary of the Great Northern Hospital, where wounded soldiers are now received for treatment, and of the Editor of the *Graphic* to publish the charming picture of a recovering soldier in the roof garden of the Hospital (which is now gay with flowers, cherished by the Matron) playing with a jolly little tot who is suffering from a tubercular knee. The sunshine and freshness of this cire are making her not only well, but very lively.

No. 1. General Hospital, St. Gabriel's College, Camberwell (T.F.) has always had a special interest

the near future, and we have pleasure in giving publicity to these needs. These include 50 white blankets, 500 scarlet, or blue and red striped rugs, 20 dressing gowns, 400 pocket handkerchiefs, 300 bath towels (1½ yds. long), 80 pillow cases (36 in. by 20 in.), 12 dozen hand towels and 6 dozen diaper towels, 100 glass cloths for medicine trays, 100 table cloths (3 yds. by 1½ yds.), 50 pillows of various sizes, and pillow cases to correspond, 1,050 lockers cloths (thick damask, 24 in. by 18 in.), many tray cloths (strong damask, not fancy work, 22 in. by 18 in.) serviettes (breakfast size), flower vases, hot-water bottles with covers, mufflers, and soap, writing paper and post-cards, pencils, pens, cigarettes, pipes, tobacco, and matches in unlimited numbers. Also air rings (22 in. in diameter), and for the theatre 60 surgeons' gowns in three lengths, and orderlies' overalls (according to hospital pattern).

We hope our readers have absorbed every word of General Sir Ian Hamilton's despatch from the Dardanelles—the story of immortal valour it recounts must thrill the heart and soul of every woman. Lady Hamilton has received the following letter from her gallant husband, who asks for gifts for the troops who are fighting under his command:

"My splendid fellows are longing for cigarettes

—and still more cigarettes (especially Woodbines)—writing pads and pencils, thin cotton shirts and pants, or luxuries of any sort. Could you bring this before the public, who would, I feel certain, be glad to have an opportunity of showing their appreciation of the great gallantry displayed by the Mediterranean Expeditionary Force?"

Money to buy these articles, however small the amount, also gifts of luxuries and comforts, will be gratefully received and acknowledged by Lady Hamilton, c.o. Queen Alexandra's Field Force Fund, 24A, Hill Street, Knightsbridge, London, S.W.



IN THE ROOF GARDEN OF THE CHILDREN'S WARD, GREAT NORTHERN HOSPITAL, HOLLOWAY ROAD, N.

for those connected with St. Bartholomew's Hospital, for it has been the pride of the medical and nursing staffs that they have provided the whole of the staff for this hospital of 520 beds, and substantial assistance has been given by its Needlework Guild in providing garments, and other things not supplied by the War Office, but coming under the head of medical comforts.

Now that the hospital is to be enlarged, by the erection of huts in Myatt's Park, to double its present size or even larger, the Standing Committee of the hospital which is organising these supplies is circulating a list of its requirements in

As a consequence of the man who proposed Sir Ian's health at an Edinburgh banquet saying that the general had been "kissed by the Muses" (an allusion to his poetic effusions), a morning paper next day reported that Sir Ian had been "kissed by the nurses." Had it been true they would have shown their good taste!

Both "France's Day" and "French Flag Day" have appealed to the public for funds to help our Allies. The Croix Rouge Française and the Secours National are doing splendid work for the sick and wounded and the relief of destitution in the devastated parts of France. We hope generous support has been the result of these appeals.

An interesting exhibition of artificial limbs will be opened at Roehampton House, Roehampton Lane, S.W., on July 20th, and will remain open until the 23rd. With the approval of the Directors General of the Army and Navy Medical Services gold and silver medals, as well as diplomas, will be given for the best exhibit. The Exhibition is under the auspices of the Committee of Queen Mary's Convalescent Auxiliary Hospitals.

Dr. V. H. Rutherford has left this country to inspect the Wounded Allies Relief Committee's hospitals in Serbia and Montenegro. The Committee has lately received from its Serbian hospital, stationed at Kragujevac, the news that the typhoid epidemic being practically at an end, the strictest preventative measures are now in force against any possible outbreak of cholera.

The Belgrade correspondent of the *Echo de Paris* states that at the instance of the German Minister at Berne M<sup>me</sup>. Piaget, of Neuchâtel, has been prosecuted before a military court for having in an article accused the Sisters of the German Red Cross of having inoculated wounded French soldiers with virus instead of serum. The accused was acquitted amid the applause of a crowded court. Nevertheless, we cannot believe such an accusation can be true, excepting in an isolated instance by an insane person.

### SAD DEATH OF MRS. DEARMER.

The news of the death of Mrs. Percy Dearmer, wife of Dr. Percy Dearmer, Vicar of St. Mary the Virgin, Primrose Hill, at Kragujevac, Serbia, after a fortnight's illness, from enteric fever, will be received with widespread regret. It will be remembered that Dr. Dearmer went out as chaplain with Mrs. St. Clair Stobart's unit, and Mrs. Dearmer was also attached to this mission. Mrs. Dearmer had won for herself a distinguished standing in artistic, literary and dramatic circles, and her children's plays were most successful. Much sympathy will be felt with Dr. Dearmer and his two sons, now on active service.

### JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in home hospitals:—

*V.A.D. Hospital, Whytegates, Stratford-on-Avon.*—Miss G. A. Wesolowski.

*Brook Lodge, Bourne, Lincs.*—Miss F. Harris.  
*Clayton Hospital, Wakefield.*—Miss L. Dicks,

Miss M. E. Stanton.

*Rusthall Voluntary Hospital, Tunbridge Wells.*—Mrs. E. M. Cook.

*Lady Hardinge Hospital, Brockenhurst.*—Mrs. T. I. Morgan, Mrs. E. Brown.

*Divisional Clearing Hospital, Bedford.*—Miss J. A. M. Hebden.

*V.A.D. Hospital, Etal Manor, Alnwick.*—Miss H. M. Collingham.

*Auxiliary Military Hospital, Southall.*—Miss Ada Jenkins, Miss M. Davies.

*Moorfield Hospital, Glossop.*—Miss C. E. Bright.  
*Spalding Hall, Hendon.*—Miss D. Scannell.

*V.A.D. Hospital, Harbour Parade, Ramsgate.*—Miss E. M. Smith.

*Clarendon Hospital, Kineton, Warwickshire.*—Miss G. Nisbegg.

*Cleve Hill Hospital, Downend, near Bristol.*—Mrs. L. L. Cave.

*Cluny Red Cross Hospital, Swanage.*—Miss H. Campbell.

*V.A.D. Hospital, Hayes End, Hillingdon.*—Miss E. L. Gray.

*Winchester Hospital, The Close, Winchester.*—Miss C. Redfern, Miss G. E. Marshon.

*Yateley Military Hospital, Eversley, Winchester.*—Miss C. H. Thelwall.

*Dane John Hospital, Canterbury.*—Mrs. E. Gale.  
16, Bruton Street, W.—Miss E. E. Carter.

*Cheveley Park Hospital, Newmarket.*—Miss W. Harvey.

*V.A.D. Hospital, Alford, Lincs.*—Mrs. B. Thomas.

*Blake Hall, Bobbingworth, Ongar.*—Miss H. H. Arundale.

*Massandra, Weymouth.*—Miss E. Keeley.  
*Gifford House, Roehampton.*—Miss S. MacGregor.

*Town Hall Hospital, Waltham Abbey.*—Miss B. M. Templeman.

*V.A.D. Hospital, Willesden.*—Mrs. Norton.  
*Kingswood V.A.D. Hospital, Lansdowne, Bath.*—Miss E. Walton.

*Swillington V.A.D. Hospital, Pontefract.*—Miss E. A. Richardson.

*Abbott Barton, Canterbury.*—Miss M. M. Regan.  
*V.A.D. Hospital, Trent Bridge, West Bridgeford.*—Miss E. L. Hutchinson.

*Gifford House, Roehampton.*—Miss A. M. McLennan.

*Red Cross Hospital, Clevedon, Somerset.*—Miss M. Hamblen.

*Wallfields, V.A.D., Hertford.*—Miss E. Walsh.  
7, Ralston Street, Chelsea.—Miss E. M. Gooding.

*Red Cross Hospital, Raglan Road, Reigate.*—Miss A. M. Beale.

*V.A.D. Hospital, West Hartlepool.*—Miss C. Nicoll.

## THE ENDSLEIGH PALACE HOSPITAL FOR OFFICERS.

The committee of the Endsleigh Palace Hospital for Officers, Endsleigh Gardens, of which Sir Archibald Williamson is chairman, were fortunate in securing a building so suitable for their purpose as the Endsleigh Palace Hotel, which was originally designed for the purpose of an hotel with a nursing home on the top flat. This has now been requisitioned by the War Office and is provided not only with two excellent operating theatres, but with a stretcher as well as a passenger lift. Immediately opposite the theatres is a sterilizing room, and an X-Ray room has been fitted up under the supervision of Sir Rickman Godlee, who is acting as surgeon to the hospital.

It is estimated that the hospital will contain at least 100 beds. The building was placed, rent free, at the disposal of the Committee by the War Office, with the request that it should be opened with the least possible delay. But the War Office only makes the ordinary allowance of three shillings a day towards upkeep, which has, therefore, to be met mainly by private donations. Some £6,000 has already been received for this purpose, but it is estimated that from £15,000 to £20,000 will be needed to maintain it for a year.

In regard to situation, a pleasanter one could hardly be obtained in the centre of London. Facing St. Pancras' Church, it looks straight across Endsleigh Gardens. From all the windows there is a pleasant view, while from the top of the building its extent and beauty has to be seen to be appreciated.

The Hon. Medical Staff has been selected by Sir Rickman Godlee, and the War Office has appointed Major L. Haden Guest, R.A.M.C., as resident Military Commandant.

The Nursing Staff is under the superintendence of Miss E. Tubbs, cert. Guy's Hospital, and we were glad to learn from Lady Williamson that the nursing is to be done entirely by trained nurses, assisted by male nursing orderlies who will act as probationers, and also valet the patients. Officers, she explained, do not care about being nursed by girls who may be their partners at a dance another day. It was better these girls should nurse the Tommies whom they never see again (under the supervision of trained nurses, we suggested, a suggestion with which Lady Williamson agreed). Also, she said, the officers get rather nervy if they think they are attended by inexperienced girls. If they know their nurses are trained they are all right.

A special feature of each floor is its still room, where two ladies in the morning, and two in the afternoon, serve all the teas and coffees and thus relieve the nurses. Rows of fire-proof tea pots and coffee pots, and of white china plates and toast racks, testify to the resources of this department.

Gifts that would be appreciated are wheel chairs, electric bedside lamps, rubber hot water bottles, and down cushions.

## FEVER NURSES' ASSOCIATION.

The Annual Meeting of the Fever Nurses' Association was held on June 26th at the offices of the Metropolitan Asylums Board, Embankment, E.C., when a satisfactory Annual Report was presented by the Council, which stated that, in spite of all the calls made upon the hospital world, the Association is still steadily progressing.

Applications for membership and registration of fever nurses during the past year bring the number up to 1995.

Three hospitals have been added to the list of training schools, viz., Joyce Green, Dartford, Croydon Borough Hospital, and Wimbledon Isolation Hospital, Gap Road, Wimbledon.

The Report further drew attention to the fact that a Petition signed by 503 Matrons in support of the Nurses' Registration Bill was presented to the Prime Minister in March, 1914, and that in August, when the Home Secretary received a deputation, the Fever Nurses' Association was represented by Dr. Goodall and Dr. Foord Caiger.

The Council has agreed that tuberculosis shall be one of the diseases recognised by the Association for purposes of Fever Training, but that the total number of beds allocated to fever training in a recognised hospital shall not be more than 20 per cent., and not more than one third of the qualifying period of a candidate shall be spent in the tuberculosis wards.

Circular letters have been sent to the hospital authorities (a) containing recommendations as to off duty time of fever nurses; (b) calling attention to the value of the certificate of the Fever Nurses' Association, as evidence of efficient fever training; and (c) requesting the heads of hospitals which are recognized as training schools to state when advertising for probationers that the certificate of the Association is obtainable at their hospitals.

It is satisfactory that there is an increasing desire on the part of nurses to secure the certificate of the Association.

The balance sheet shows an excess of income over expenditure of £2 12s. 8d.; and a total balance at the bank and in the hands of the officers of £229 10s. 4d.; a very satisfactory condition of affairs.

The Association is once more indebted to Mr. W. H. Jarratt for kindly giving his services as Auditor.

The Council acknowledges the privilege accorded to it by the Metropolitan Asylums Board of the use of a room for its various Committee meetings.

### ELECTION OF PRESIDENT.

The Council has appointed Dr. Biernacki, Medical Superintendent of the Plaistow Fever Hospital, as President for the ensuing year. Dr. Biernacki's interest in the organization of both general and fever nursing is well known; and his fluent tongue and logical pen are valuable assets to any society.



## NURSES' MISSIONARY LEAGUE "CAMP."

"Old Jordan's Hostel," an old red house peeping from amid cherry trees laden with bunches of fruit, all around meadows starred with flowers, cornfields aflame with scarlet poppies and blue chicory, and lanes festooned with honeysuckle and wild roses, such was the scene of the N.M.L. Camp this year, and the old-world building, the old barn, fully three hundred years old, the neighbouring meeting house where William Penn preached and near to which he lies buried, all these seemed to surround the place with a spirit of peace. No more restful place could have been desired by the company of nurses who gathered there from crowded hospitals and from busy district or private work. Some fortunate ones came for the whole fortnight, others could only get one day away from work, yet all felt the peace and quiet of the place and went away refreshed and strengthened.

Many were the happy hours spent in idling in the garden or the woods, in walking to some delightful picnic spot for tea, in exploring the neighbouring towns of Beaconsfield or Chalfont St. Giles, or in driving further afield to Burnham Beeches. Yet this was not the only side of Camp. Part of each day was spent in prayer and Bible study, in listening to addresses on such subjects as "The Kingdom of God," "Prayer," "The Great Reality," "The Sacramental View of Life." Again the thought of the mission field was ever near. Letters were read from members throughout the world, and the five members present from India, China and Africa were ever ready to tell of the life and needs of other lands. Perhaps the most lasting memory will be the sense of God's presence in our midst, and the fresh realisation of His reality which goes with each member of "Camp" to give courage and hope amid all the darkness of the present time. All told we numbered 35—26 nurses, 2 doctors, and 7 lay officers.

## "A MEMBER OF CAMP."

Anyone who wishes for full information of the Nurses' Missionary League "Camp" will find it in the July *Nurses Near and Far*, which will be out in a few days. They should apply to the General Secretary, Miss H. Y. Richardson, Sloane Gardens House, 52, Lower Sloane Street, S.W.

## OUR PRIZE COMPETITION.

STATE WHAT YOU KNOW ABOUT THE MECHANICAL TREATMENT OF COMPOUND AND SUPPURATING FRACTURES

We regret that none of the papers sent in this week-come up to the standard which justifies the awarding of a prize. Evidently few nurses trained recently in the United Kingdom have seen suppurating fractures, but many must have seen compound ones. It is a question which requires study.

## APPOINTMENTS.

## MATRON.

**Pembrokeshire and Haverfordwest Infirmary, Haverfordwest.**—Miss E. Surtees has been appointed Matron. She was trained at the General Hospital, Northampton, where she was promoted to be theatre sister, and she has been Assistant Matron at the Royal Midland Counties Home for Incurables at Leamington, and Home Sister at the South Devon and East Cornwall Hospital.

**Infectious Diseases Hospital, Bangor.**—Miss Sarah Skilling has been appointed Matron. She was trained at the Monsall Hospital, Manchester, and has held the position of Staff Nurse, and Charge Nurse, at the City Hospital, Grafton Street, Liverpool, from 1902 to the present time.

**Elder Cottage Hospital, Govan.**—Miss Elizabeth Hay has been appointed Matron. She was trained at the Western Infirmary, Glasgow, where she held the position of Sister for five years. For the past four years she has been Matron of the Hospital for Women, 29, Elmbank Crescent, Glasgow.

## HOME SISTER AND NIGHT SUPERINTENDENT.

**Royal Berkshire Hospital, Reading.**—Miss Margaret Evans has been appointed Home Sister and Night Superintendent. She was trained at Gloucester Royal Infirmary; has done private nursing; and been Night Sister at the Devonshire Hospital, Buxton; and the West End Hospital for Nervous Diseases, London.

## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies to be Staff Nurses:—Miss G. F. Parkinson (June 10th); Miss G. L. Stevens (November 4th, 1914).

## QUEEN VICTORIA JUBILEE INSTITUTE.

Miss Sophia A. Elliott is appointed to Jewish Maternity and Sick Room Helps Society as Assistant Superintendent. Miss Elliott received General Training at Swansea Union Infirmary, Midwifery Training at Cheltenham and District Training at Brighton. She has since held several appointments under the Queen's Institute.

Miss Mary Horsley is appointed to Clay Cross, Miss Agnes M. Rogers to Bedford, Miss Ruth Wimont to Huddersfield.

## NATIONAL UNION OF TRAINED NURSES.

The National Union of Trained Nurses, 39, Great Smith Street, S.W., has issued a "Comparative Thermometer," showing at a glance the relation between Fahrenheit and Centigrade, which should be useful to many nurses working abroad just now. The price on paper is 3d., or on a card 1d.

We have already drawn attention to the "Fly Peril Postcards," showing the flight of this deadly insect from filth to food. These cards cost 2s. for fifty, post free, and should be circulated widely

just now, since one pair of flies are progenitors of 12,500,000 from June to August.

Lastly a leaflet on the Cheapest Nourishing Foods, costing 1½d., post free, is specially welcome.

Why not procure the set?

#### RESIGNATION.

Miss A. M. Macdonnell, R.R.C., has resigned the Matronship of the Red Cross Hospital at Dublin Castle which she has so successfully organized. We understand that after a rest she hopes to again take up work in a military hospital.

#### PRESENTATION OF MEDALS.

At a recent meeting of the Belfast Board of Guardians, the Chairman presented three members of the nursing staff with medals for the proficiency displayed in their final professional examination. The first medal, which was a gold one, was awarded to Nurse Annie Harrington; the second, a silver medal, presented by Mr. Elliott, was awarded to Nurse E. Spain; and the third, a bronze medal, presented by the Lady Superintendent, Miss Howlett, was awarded to Nurse Onions.

The Chairman, in making the presentation, said it was probably not known to the public generally that they had within those walls the largest and most important nurses' training school in Ireland. They trained and turned out about fifty or sixty nurses every year. Those ladies went to all parts of the civilised world. Hitherto, they had parted with them without any celebration; but it had occurred to him that it might be an incentive to their nurses if they gave them some little presentation in the form of a medal.

Miss Clark spoke of the good results in the training school from the fine example of the Lady Superintendent.

Miss Howlett expressed, on behalf of the nurses, their thanks to the Guardians, and said she was sure the presentation would be an incentive to them to be still more perfect in their work.

#### THE PASSING BELL.

A touching tribute to the memory of Miss Catherine Hannah Jollands, of the staff of Firvale Hospital, Sheffield, who died on Thursday, July 8th, after a short illness from double pneumonia, was paid by the staff and officials of the institution on Saturday.

A very impressive service was held in the chapel, conducted by the Rev. L. E. Day (Vicar of St. Cuthbert's, Firvale). Among those present were Nurse A. Jollands (sister of the deceased) and other relatives, Mrs. A. C. Lawson (Matron), the nursing staff, and many officers of the institution.

Afterwards the cortège was conducted to the gates of Firvale House by the Rev. L. E. Day, the medical staff, the male officers and several wounded soldiers. The remains were conveyed by road to Misterton, near Gainsbro'.

Floral tributes were sent from the medical staff, the nursing staff, the male officers, the domestic staff, and the wounded soldiers who are undergoing treatment at the institution.

Miss Jollands was only 21 years of age.

### NURSING ECHOES.

#### THE ISLA STEWART MEMORIAL.

We announced last week that Mrs. Shuter, Hon. Treasurer of the Isla Stewart Memorial Fund, required £5 12s. to complete the £500 it has been decided to invest before making a grant to a member of the League for some educational purpose, and to enable her to invest the last £100 in the War Loan.

On July 7th Mrs. Shuter received the following letter from a member of the League, which with her consent we publish, as it is such a very splendid little letter:—

Dear Mrs. Shuter,—I enclose a cheque for £8 to make it possible to buy that War Loan Stock mentioned last Saturday at the meeting.

Several years ago the Benevolent Fund of Bart's League, at Miss Isla Stewart's kind suggestion, gave me £10 to help me when I underwent an operation. I have always wished to return the money, or part of it some day, and consider this a fitting opportunity.

Yours very truly, &c.,

Thus the sum required to buy the War Loan stock was received in time, and the £500 is now safely invested. Altogether, Mrs. Shuter has received £16 12s. since the meeting, so that nearly £10 is in the bank towards the first award. We congratulate the members of the Standing Committee who have taken an active part in bringing its labours to a successful conclusion, and feel sure the money available will be used to further the high professional aims of the noble woman in whose memory the Fund has been raised.

Her Excellency Lady Wimborne gave much pleasure last week to the inmates of the Royal Hospital for Incurables, Donnybrook, Dublin, by visiting the Hospital, where she was received by the Chairman, Sir William Fry, J.P., members of the Committee and Medical Staff, and the Matron, Miss L. Bradshaw.

Her Excellency visited most of the wards and spoke to many of the patients, charming them by her sympathetic interest.

The Chairman spoke a few words of welcome to Lady Wimborne, expressing the gratitude of the Board of Governors for the great honour she had conferred on the institution.

Her Excellency, who was enthusiastically cheered both on arriving and leaving the institution, was evidently most pleased with the warmth of her reception.

Owing to the severe censorship maintained as well as for other patriotic reasons

*La Garde Malade* has ceased publication during the war, greatly to the disappointment of many nurses trained in France, and neutral countries where French is known. Many friends will therefore be pleased to hear through this JOURNAL that the Protestant Hospital at Bordeaux has inherited a beautiful estate, and it is hoped some day to build a perfect new hospital at Talence, at the cost of nearly half a million of francs. Dr. Anna Hamilton, who interests her nurses in every department of hospital work, held a competition of plans designed by the staff, some of which were sufficiently good to show to the architect who has the building of the new hospital in hand. No doubt necessary consideration was given to sections for bedding and linen, mending, the care and cooking of food, cupboard room, and other domestic details, often scamped by male builders.

The nurses trained at Bordeaux are now greatly in demand as *infirmières-majors*, as those thus engaged have found the work strenuous to a degree, having so many untrained Red Cross workers to supervise, that holidays must be taken or breakdown results.

Mlle. Amory, who has been attending typhoid patients since the war broke out, at Gérardmer (Vosges), has received from the French Government the medal for nursing epidemics. Many nurses have taken up medical work in France, as few Red Cross workers care to nurse infectious diseases.

Her Excellency Lady Buxton has consented to be Patroness of the South African Trained Nurses' Association.

The branches of the Association are now considering the nomination of a professional President, as it is of course necessary to have an experienced Matron in this post. We note that the Capetown Branch have nominated Miss J. C. Child for this important position. This appears a wise choice, as Miss Child has for many years urged the nurses in South Africa to organize and form an Association, and she has on more than one occasion as Hon. Vice-President of the International Council of Nurses attended European meetings and taken the greatest interest in its work. Miss Child is a public-spirited pioneer, and that is the type of President required for every National Association.

Miss Liell, Matron of the Frere Hospital, East London, Cape Colony, has been unanimously elected President of the East London and Border Branch, in place of Miss Radcliffe,

who has sailed on the *Saxon* with several other Matrons and nurses for active service in Europe.

We are pleased to note that in the *South African Nursing Record* the hope is expressed that South Africa will take her place and be duly represented at the International Meeting at Copenhagen in 1918. "Here is an opportunity for the T.N.A., and we suggest the Association move in this matter at an early date."

## NURSES AND INSURANCE.

The Council of the British Medical Association has reported that it has had brought to its attention the tendency on the part of some Approved Societies to employ nurses, in uniform, as sick visitors and has made representations to the Queen Victoria Jubilee Institute to the effect that in the opinion of the Association such employment of nurses in uniform is detrimental to the best interests of the public and the nursing profession, for the following reasons:—(a) Because the system of employing nurses in uniform for such a purpose will tend to cause confusion in the minds of the public; and (b) because the functions of a nurse and sick visitor are essentially different, the former being actuated only by a desire for the welfare of the patient, while the latter is employed primarily in the interests of the Approved Society.

The Insurance Commissioners are now of opinion that a nurse is not compulsorily insurable if she receives a minimum fee of £2 2s. a week, with laundry allowance of 2s. 6d., and board and lodging, or £1 1s. a week in lieu of the latter, and that she herself receives the whole of her fees, presumably less the percentage payable to the co-operation which collects them.

At the last monthly meeting of the Board of Management of the Swansea Hospital, Colonel Morgan, Chairman of the House Committee, reported that when the nurses were sick they were nursed and maintained by the hospital, and the question arose what should be done with the money they were entitled to under the Insurance Act. The Committee thought it would be better to spend the money on the nurses in the way they desired.

Dr. Knight, in moving that the minute be referred back for further consideration, maintained that the method was illegal and improper. The sick pay should be paid to the sick person direct, and the Committee were proposing to spend it amongst those who were not sick. It was said that this was a voluntary arrangement. It was about as voluntary as when the soldiers of a regiment were invited to consider a suggestion of the colonel. Naturally every soldier endorses it, and where would he be if he didn't? When the Matron makes a suggestion naturally the nurses endorse it. The resolution was seconded and adopted.

## STATE REGISTRATION OF NURSES.

Of course the inevitable has happened, and Lord Knutsford has butted into the registration controversy in support of Miss Sparshott's attack upon the Society for the State Registration of Trained Nurses, in the *Manchester Courier*, which she declines to substantiate.

All the time-worn, unconvincing arguments are again advanced by Lord Knutsford against the professional demand for legal status by trained nurses, and the usual abuse is levelled at the "plaintiff's attorney." Imagine water on a duck's back—that is how Lord Knutsford's irrelevancies affect us personally, but we were compelled to reply to his inaccuracies in the *Courier* of July 12th in connection with his circular distributed by Miss Sparshott to "all the nurses in and around Manchester."

What is a registered medical practitioner? Lord Knutsford says:—

"I wrote that on this precious Council of twenty-one, eight, and possibly nine, were to be 'general practitioners.' Mrs. Fenwick says this is not so, because the words in the proposed Act are 'registered medical practitioners.' What can anyone understand by this but 'general practitioners'? Would consultants not be otherwise described if consultants were meant? Would they not be described as Fellows of the College of Physicians, or Surgeons, or as men holding certain degree? There is no definition in the Act of 'registered medical practitioners,' so we are left to guess what is meant."

Mrs. Fenwick replies:—

"Lord Knutsford attempts to defend his deliberate substitution [in his circular] of the words 'general practitioner' for 'registered medical practitioner.' As a barrister-at-law, he should know that the term 'registered medical practitioner' is the legal term applied to all those who practise medicine—whatever their qualifications—whose names are entered on the Medical Register. By the use of this term in the Nurses' Registration Bill the bodies appointing medical representatives on to the General Council for the Registration of Nurses in the United Kingdom have therefore the whole Medical Register from which to select their delegates."

Thus consultants as well as general practitioners are eligible, and of course many of the latter are Fellows of the College of Surgeons.

Miss Sparshott states that if the Nurses Registration Bill were carried into law "it would give powers to people who had no idea how to use them."

Lord Knutsford supports Miss Sparshott in the following paragraph:—

"But, in any view, what do nurses think of a Council of twenty-one on which there are only to be eight nurses? I know well that many earnest nurses want registration, but I know also that many equally earnest do not. I deny that the Bill was 'drafted by matrons in active practice.' Its origin is too well known."

To which Mrs. Fenwick makes answer:—

"Lastly, Lord Knutsford denies that the Bill was 'drafted by matrons in active practice.' (I said 'largely,' but let that pass.)

"The following are the names of the matrons in active practice who, under the chairmanship of Lord Amthor, as members of the Central Committee for State Registration of Nurses, took part in its deliberations when the Nurses' Registration Bill was considered clause by clause, and adopted in its present form:—

"*Matrons' Council of Great Britain and Ireland.*—The late Miss Isla Stewart, Matron of St. Bartholomew's Hospital, London; Miss M. Heather-Biggs, Matron of Charing Cross Hospital, London; Miss G. A. Rogers, Matron of the Leicester Infirmary; Miss M. Mollat, Matron of the Royal South Hants Hospital; Miss E. M. Musson, Matron General Hospital, Birmingham.

"*Society for the State Registration of Trained Nurses.*—Miss Sidney Browne, R.R.C., Matron-in-Chief, Territorial Force, Nursing Service; Miss H. L. Pearce, Superintendent of London County Council School Nurses.

"*Fever Nurses' Association.*—Miss E. M. Bann, Matron of the Brook Fever Hospital, Shooters Hill, M.A.B.; Miss L. A. Morgan, Matron Northern Fever Hospital, Winchmore Hill, M.A.B.

"*Association for the Promotion of the Registration of Nurses in Scotland.*—Miss A. W. Gill, R.R.C., Lady Superintendent, Royal Infirmary, Edinburgh; Miss Cowper, Superintendent, Scottish Branch, Queen Victoria Jubilee Institute.

"*Scottish Nurses' Association.*—Miss M. Wright, Matron, Stobhill Hospital, Glasgow; Miss K. Borleigh, Lady Superintendent, Royal Hospital for Sick Children, Edinburgh.

"*Irish Nurses' Association.*—Miss L. V. Haughton, Matron, Guy's Hospital, London; Miss Huxley, Matron, Elpis Private Hospital, Dublin; Miss B. Kelly, Matron, Stevens' Hospital, Dublin; Miss A. Reeves, Matron, Royal Victoria Eye and Ear Hospital, Dublin; Miss I. Keogh, Matron, Richmond Hospital, Dublin; and the late Mrs. Kildare Tracey, Lady Superintendent, City of Dublin Nursing Institution.

"No further evidence is required of the totally unreliable statements made by Lord Knutsford in his irreconcilable antipathy to the emancipation of the trained nurse from her present defenceless position in the body politic."

As these are the type of "people" to whom "powers" would be given if the Registration Bill were carried into law "we disagree with Miss Sparshott's statement that they would have 'no idea how to use them,' and think a Registration Council largely composed of such experts would command the confidence of the whole nursing profession.

## CENTRAL COUNCIL FOR DISTRICT NURSING IN LONDON.

A meeting of the Central Council for District Nursing in London will be held at the Offices of the Local Government Board, Whitehall, S.W., at 11 a.m. on Tuesday, July 20th, when the principal matter to be discussed will be provision for the district nursing of measles, German measles, and whooping cough in poor homes, on which the Executive will submit recommendations.

The Council seeks to bring into unison both voluntary and official effort, and to develop the efficiency of the District Nursing Services of London according to need, and to meet modern requirements.



## OUTSIDE THE GATES.

King Christian X of Denmark is the sovereign who will be for ever honoured as the King who set his sign manual to the Act which gave the women of his kingdom their political enfranchisement, an act which adds lustre to his throne and to his reign which, through all the ages, will remain undimmed.

We present on this page the portraits of King Christian and his Consort, Queen Alexandrine, a princess of the House of Mecklenberg-Schwerin, and if report speaks true as charming as she is beautiful.

### WOMEN'S WAR SERVICE.

Mrs. Pankhurst will head the great and picturesque War Service Procession of women on Saturday, when a deputation is to wait on Mr. Lloyd George, Minister of Munitions, in regard to women helping in the manufacture of munitions. The Procession will demonstrate the love and loyalty of women to their country, and everyone who holds it dear should take part. After the deputation has been received, the result will be announced from a platform erected on the Embankment to the gathering of waiting women.

The procession will form up on the Victoria Embankment at 2.30 p.m. and start at 3.30 promptly. The W.S.P.U. knows well how to organize and make effective such a pageant, and what with bands, banners, flags, pennons in the Union Jack colours, flags of the Allies, girls in dainty white frocks carrying crooks of red roses, London is sure

to respond and applaud. The public cannot fail to be impressed with the determination of women to do their part to save the ideals of civilisation and liberty now threatened by barbarism and despotism, if they respond in their thousands to demonstrate the fact. We hope trained nurses who are privileged to take part in such glorious national service as nursing the sick and wounded, will support with their presence the women who also crave for an opportunity to perform a national duty.

The exhibition organized by the Land Council of the Women's National Political League, at 16, Carlton House Terrace, by kind permission of Lady Cowdray, has attracted crowds of people all the week, and a number of convalescent soldiers watched the gay crowds with amusement. The practical demonstration of dairy work and poultry farming by Mlle. Rossignon, the Belgian expert and her pupils was an important feature of the Show.

Miniature models to scale were very attractive and especially one of Miss Binnie Clark's grain and stock raising farm in Canada; Mrs. and Miss Rawson's farm "Meopham," showing in model the poultry houses and runs, and the French intensive garden aroused much interest, and should inspire girls to take part in work of such really national value. Many M.P.'s made speeches day by day. Mr. G. A. Touch said the land in Great Britain was shamefully neglected, and it was a reproach to the nation that one out of every five loaves was imported. Women are earnestly urged to enter for work on the land.



KING CHRISTIAN X OF DENMARK,  
Who signed the Act enfranchising Danish women.



QUEEN ALEXANDRINE OF DENMARK.  
A lovely woman, whose sex deserve the vote.

## BOOK OF THE WEEK.

## "BRUNEL'S TOWER."\*

Mr. Phillpotts needs no recommendation, his place as a writer of fiction is assured. Those who object to a certain coarseness in some of his works may read "Brunel's Tower" without misgiving, as there is not a trace of such from end to end. Of course, it is West Country—nothing else from his descriptive pen could so delight. The reader acquires information all the way, and is so delivered from the feeling of futility with which one too often lays down a novel.

George Easterbrook, alone in the world, a hundred pounds in his pocket and generous credentials, came West "to find work worthy of his hands, and a position of greater promise and power than life had yet offered."

Coming by chance on a potter's field his constructive and imaginative powers led him at once to discern possibilities for himself in the potter's art, and within eight days of his first visit he acquired a ruin, which under his hands became in time Brunel's Tower, the celebrated pottery works. It is of this art that so much is disclosed, and the fact is emphasised that in this, as indeed every occupation, only those who love their craft can become truly great in it.

The death of half simple Tom Body, the old potter, is pathetically illustrative of the union between workman and craft.

"Joanna brought a bunch of flowers from her garden and set it down beside the sick man. He had a little board before him and a lump of clay where he could still roll marbles. 'I'm fond of the clay, yet,' he said. 'For all the aches and pains it has given me, I shall be terrible sorry to leave it. I'm glad to think the red earth of me will go back to the red earth of the land; but though a painful road, bent and bruised and cracked a bit with the weight of years I'm sorry enough to lay it down. Because when you balances up all the little cleverness we win in this world against what they be likely to demand in heaven it looks nought. If there's cloam there then the angel potters have thrown in heavenly patterns since the beginning; and what chance has a poor, strange man against them?"

"They'll teach you what they know," said Joanna, "and they'll find you ever so quick to learn, Thomas."

"I hope so—I hope so; but sometimes a cruel fear comes over me there won't be no potting at all. It may be all gold and silver and precious stones, all metal work. . . . I'd hate to be a beginner. There's something indecent to my view in a man up over seventy as a beginner." How simply the old man voices the unuttered wistfulness of many a heart. "I think them that like work such as me and you will be allowed to work, for you know very well what eternal life would be to you without work."

\* By Eden Phillpotts. William Heinemann, London.

The whole chapter on this subject—"Tom Body and the Unknown," is a gem of its kind. Poor old Tom ends all their essays on theology with—"Potting is potting all the same, and my eternal life won't be a finished thing without it."

The central character of the story is that of Harvey Porter, the runaway reformatory lad. His complex personality is most ably conceived, and keeps one in an alternate state of admiration and dislike. This indeed was the attitude of his master, George Easterbrook, who repressed in himself the strong attraction he felt to the boy. His feeling was put to the test, when Harvey, working on the feelings of the plain grand-daughter of a neighbouring potter, stole the secrets of their special ware in order to benefit the master he worshipped.

"What did you think of me?" Easterbrook thundered at him. "What mean, cowardly trash did you think I was to take your thievings? To work under me here for two years, and judge you were working for a rascal. A poor fool who believed your lies—an innocent, trustful, helpless thing, and an old man. And you're proud of it, you dog—you snake that I took from the gutter only to sting me."

Another incident of the twist in Porter's character, is his cruel disclosure to old Sophia Medway that her decorative work on the pottery ends in its consignment to the dust heap. This again was in his master's interest, notwithstanding she was his master's aunt, whom Easterbrook had so carefully guarded from the knowledge of her failing powers.

Yet those who are well advised enough to read "Brunel's Tower," will perchance hold in esteem the boy who died for his master. H. H.

## WOMAN'S SPHERE.

They talk about a woman's sphere

As though it had a limit;

There's not a place in earth or heaven,

There's not a task to mankind given,

There's not a blessing or a woe,

There's not a whispered yes or no,

There's not a life, or death, or birth

That has a feather's weight of worth,

Without a woman in it.

## COMING EVENTS.

July 16th.—Lyceum Club. Executive Committee entertain wounded soldiers from Military Hospitals. Tea and entertainment. 3 to 6 p.m.

July 20th.—Central Council for District Nursing in London: Meeting of Council, Conference Hall, Local Government Board Offices, Whitehall, S.W., by kind permission of the President of the Local Government Board. 11 a.m.

July 20th to 23rd.—Roehampton House Hospital, Roehampton Vale. Exhibition of Artificial Limbs.

July 22nd.—Central Midwives Board, Monthly Meeting, Caxton House, Westminster. 3.30 p.m.

## WORD FOR THE WEEK.

"Let us organize victory; let us not be certain of it."—Lloyd George.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## IN THE TRENCHES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The correspondence in the *Manchester Courier* on Nurses' Registration has aroused no end of interest in Manchester and round about, and we nurses in this hospital beg to thank you for fighting our battles. So few nurses can express what they feel, or write a letter fit for the press, that our side gets pushed aside, and so few have the courage of their opinions—peace at any price is often our policy, and support the powers that be. Our dependence makes this fight seem so hopeless. I was speaking to a Territorial nurse the other evening, and she said "Of course I am in favour of registration—so is every well trained nurse I know, but how can discipline be maintained in a hospital, when the Matron and Committee oppose it, if the nursing staff agitate for it? And in a military hospital one is not supposed to have any opinions, much less express them—especially if the Principal Matron is agitating in opposition. Personally I do not think nurses can do much to help themselves, as so many of their employers are determined to deny them freedom of action. The public should enquire into the Nursing question: they would soon come up against our economic disabilities."

This is how many nurses feel, but we have been talking it over, and wish for papers about Registration, as we feel it is unfair you should have been in the trenches all these years and so many of us slackers at home.

Yours truly,  
A MANCHESTER NURSE.

Papers, of course, have been sent. We like that touch about the trenches. There is no doubt that those who have been "at the Front" in the registration campaign for 27 years know well the nerve strain of such a struggle, and the "poison gas" of the "anti" enemy is by no means the least pernicious of his weapons!—ED.]

MIDWIVES' TOTAL ABSTINENCE  
WAR LEAGUE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In THE BRITISH JOURNAL OF NURSING of May 8th, an account was given of the Midwives' Total Abstinence War League which had been formed to enable midwives to voice themselves as a body on this subject.

Over a thousand signatures have come in, which proves that many realise the value of such action, but I am sure we should have had a more repre-

sentative number from this professional body of women workers if they had realised:

*Firstly*, that though total abstainers their names should be added to the list in support of the action of their fellow workers to give weight to the scheme.

*Secondly*, the value of ACTION OF THE INDIVIDUAL in signing for total abstinence. Combined individual action makes unity and unity strength, and it is as a body we shall have the greatest power to help our country in this matter or any other, and there are many just now which touch us very closely.

Therefore every midwife in sympathy with this movement for abstinence should sign at once. It is a little thing to do!! and if the individuals will not sacrifice so small a matter for their country's sake how can we hope for greater action on their part: and great sacrifice as well as great deeds must be made to save our country in this crisis. Let us midwives prove we realise the value of UNITED ACTION by having a big total of signatures. A pledge form is given below and the time for sending in is extended to July 31st.

ELSIE HALL,

*Direct Representative of Practising Midwives on  
the Council of Midwives' Institute.*

## PLEDGE OF TOTAL ABSTINENCE.

I undertake to abstain from all alcohol\* until the termination of the war.

Name .....

Address .....

Date .....

\*Alcohol ordered by a medical practitioner  
excepted.

Signatures (which need not of necessity be on the pledge form, so long as the pledge is copied) should be sent into the Midwives' Institute, 12, Buckingham Street, Strand, W.C., with "M.T. A.L." written on the envelope, not later than July 31st. If written on the pledge form,  $\frac{1}{4}$ d. stamp is sufficient.

## OUR PRIZE COMPETITIONS.

*July 24th.*—Give the signs and symptoms in a case of placenta previa. What are the risks to mother and child? What general management would you adopt?

*July 31st.*—Name two communicable diseases, and state the manner in which the infection is carried.

## NOTICE.

In the list of new members of the Society for the State Registration of Trained Nurses, published on July 3rd, Miss E. Hanley (3550) should read Miss E. Hanley.

# The Midwife.

## THE ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

By kind permission of the Lady Balfour of Burleigh, the Annual Gathering of Midwives of the above Association was held this year at 47, Cadogan Square, S.W.

In addition to those parts of the proceedings which were public, the midwives present were invited to ask questions on points of difficulty, which were replied to by Miss Rosalind Paget.

The opening remarks were made by Her Grace the Duchess of Norfolk, who commented on the valuable services rendered by trained midwives to the rising generation. Formerly both mothers and babies were often very much neglected by their untrained attendants, and the community were grateful to the women who had taken the trouble of training so perfectly for their work.

Miss Lucy Robinson, a member of the Council, and Vice-Chairman of the Executive Committee of the Association, and well known to midwives in connection with their work, then addressed the members, and, as one of those associated with the Association from the beginning, and with the movement which after twenty years' struggle had resulted in the passing of the Midwives' Act, reminded those present of the very great gain which had resulted. The untrained and therefore dangerous woman could no longer call herself a midwife, or practise as such; and the trained woman had a recognized status, which was an enormous improvement.

Under these new conditions, infant and maternal deaths had been greatly reduced. Midwives could do good or bad work, and Miss Robinson advised her hearers to remind themselves that in their hands lay the issues of life and death. They had also immeasurably great opportunities of influence. At a first confinement, the young mother looked to the midwife for advice as to the care of her child and of her own health. Lessons of cleanliness, gentleness, godliness and self-restraint could be inculcated in the impressionable period of these days of intercourse.

Never in the history of England had the work of midwives been so sorely needed. She was sure the midwives of the Association were doing their part, and she wished them God speed in their work, and looked to them, by their good work, to help to raise the standard of midwifery practice, to live down the opposition from either end: that of the mother who feared to trust herself to the care of a midwife, and of the doctor who feared her competition.

Mrs. Ebdon, Chairman of the Council, then gave some interesting information as to the work of the Association. It was, she said, just ten years

since it had trained its first band of twenty midwives, and they were still in touch with twelve, and six were still working where they were then placed.

Lady Beaumont wrote of Mrs. Kinnell, that she could not be grateful enough to the Association for having sent her. She was the tried and trusted friend of all, and everyone loved her. She could not now imagine life without Mrs. Kinnell to help into the world all the babies of the neighbourhood.

Mrs. Wheatley had attended 1,386 confinements. She was unable to be present, but had written to thank all those ladies and gentlemen who had put her into the position of attending the mothers and of earning a good living.

Mrs. Ebdon then referred to those members of the Association who were working in Red Cross Hospitals, and helping with the Belgian wounded; and to Nurse Round, who was combating typhus in Serbia.

No one apparently paused to enquire what qualifications these midwives had for this nursing work.

The Duchess of Norfolk, assisted by Mrs. Ebdon, then presented their certificates to midwives who had been in the service of the Association for two years; and badges, awarded as a mark of esteem, and in recognition of the faithful performance of duty at the end of a year. Many were unable to be present, and their badges were retained for them.

### BADGES.

The following midwives were awarded badges:— Alice Abbott, working independently at Kettering, Northants; Alice Aldridge, working independently at Eastbourne; Eliza Barron, working under the Hertfordshire C.N. Association; Margaret Clarke, working under the Sussex C.N. Association; Comfort Dowding, working independently at Patchway, Gloucestershire; Constance Gurney and Millicent King, working under the Oxfordshire Nursing Federation; Louisa Marshall, working independently at Levenshulme, Manchester; Mary Potter, working under the Duchess of Somerset's Nursing Association at Maiden Bradley; Edith Robinson, working independently at Bulwell, Notts; Lucy H. Swindells, working at Mayfield, Derbyshire; Lily Timmis, working independently at Kids Grove, Staffs; Emily Thompson, working under the Devonshire C.N. Association; Annie Ward, working under the Berriew Nursing Association; Lily Webb, working independently at Irthlingborough, Northants; Maud White, working under the Gloucestershire C.N. Association; Jane Williamson, working independently at Huddersfield; Emily Woods, working under the Oxfordshire Nursing Federation; Margaret Wootton, working independently at Brierley Hill, Staffs.



In seconding a vote of thanks proposed by Lady Holland to the Duchess of Norfolk for presenting the badges, and to Lady Balfour of Burleigh, for kindly lending her house and entertaining the members, Mrs. von Glehn happily related the story of a meeting she had with a member when going down by train to a suburb recently. In the same carriage was a midwife, wearing the badge of the Association. She would naturally have greeted her, but the midwife looked so absolutely worn out that she thought she would drop off to sleep if she kept silence—and that was what happened. When she opened the carriage door to leave the train the sleeper woke; the badge which she was wearing was an immediate bond of union, and to the last she saw the midwife waving happily to her.

### NOTIFICATION OF BIRTHS (EXTENSION) BILL.

Mr. Long (President of the Local Government Board) on Thursday, July 1st, presented a Bill to extend the Notification of Births Act, 1907, to areas in which it had not been adopted, and to make further provision in connection therewith for the care of mothers and young children. The Bill was read a first time. At its second reading on July 8th, Mr. Long explained that experience had shown that where the powers were in force most satisfactory consequences followed. On Tuesday the Bill passed through Committee with some amendments, and was afterwards read a third time.

### CONVICTION OF UNCERTIFIED WOMAN.

At Llanhilleth, S. Wales, last week, Mrs. Rachel Davies was summoned at the instance of the Monmouthshire County Council for using the name "midwife" without a certificate and for unlawfully attending women for the purpose of gain. Mr. H. S. Gustard (clerk to the County Council) prosecuted, and Mr. W. J. Everett (Pontypool) defended. Dr. Rocyn Jones, county medical officer, said defendant had endeavoured to register but had not been successful, and the County Council, for the sake of the mothers of that district, had sent trained women there, but they had not been able to make a living in consequence of the practice carried on by Mrs. Davies. The bench fined defendant 20s. upon the first summons, and 40s. on the second.

### INSURANCE ACT AND MATERNITY HOSPITALS.

An important conference, one of a series designed to remove misunderstanding as to the rules relating to maternity benefit under the Insurance Act, will (the *Scotsman* announces) be held in the Goid Hall, Edinburgh, on the evening of Friday, July 23rd. The questions to be discussed are of interest to the great body of insured persons, and are of high importance from the national point of view. Each conference will be presided

over by a member of the Insurance Commission. Sir Halliday Croom will be the principal speaker at the Edinburgh Conference.

The Commissioners have issued a statement to the effect that they understand that a considerable amount of misunderstanding exists in regard to the disposal of sickness and maternity benefits when the insured person or, in the case of maternity benefit, the mother, is an inmate of one of the following institutions: Poorhouse, hospital, asylum, convalescent home or infirmary, supported by any public authority or out of any public funds, or by a charity, or voluntary subscriptions, or of a sanatorium or similar institution approved under the Act. The statement shows the effect of the special provisions of the Act in this respect. If the insured person is an inmate of an institution which does not fall within the above definition, e.g., a private nursing home, the ordinary provisions as to payment of benefit apply.

### PROPER APPLICATION OF MATERNITY BENEFIT.

In a circular relative to maternity benefit and maternity hospitals, the Commissioners point out that from the provisions of the Acts it is evident that one of the chief objects of the benefit is to enable mothers to obtain competent assistance. The Commissioners emphasise to Approved Societies the importance of every endeavour being made to secure the application of maternity benefit to the purposes for which it was intended. The view is expressed that the utilisation in accordance with such agreements or arrangements as are authorised by the National Insurance Acts of the services of the competent staffs attached to the maternity hospitals, would be a considerable step in the right direction. The Commissioners express the hope that as the outcome of these conferences a satisfactory basis of agreement may be arrived at between the maternity hospitals and the societies and that the latter will agree to conjoint action among themselves in regard to this matter.

### THE BABIES' KIT.

An interesting exhibition of war gifts from the Overseas Dominions was (says a contemporary) held at the Knightsbridge Hotel, on Tuesday in last week, by the New Constitutional Society for Women's Suffrage. The articles came from Australia, New Zealand, Canada and South Africa, in answer to an appeal by Miss Harriet Newcombe, of the British Dominions Suffrage Society, and are destined for poor Belgian and British children, who are suffering through the war. Perhaps the most fascinating exhibits were the tiny kit bags, sent by "The Babies' Kit Society" (founded by Dr. Mary Booth, of Sydney), and labelled: "To the Babies of the Allies." Each bag contained a complete outfit, even to soap and powder, for a baby from one day old sometimes to the age of two years. Twelve large bales of these little trousseaux were sent from New South Wales, and are being divided between the babies of Belgium, Poland, and Serbia.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
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## EDITORIAL.

### THE RIGHT TO SERVE.

"On behalf of the nation I am entitled to thank you for tendering your services."—*Mr. Lloyd George to the Women's Deputation.*

Everyone who saw the magnificent procession of women on Saturday last, who, undaunted by wind and rain, passed through the main thoroughfares of the metropolis on their way to the Ministry of Munitions of War, where they were sympathetically received by the President, Mr. Lloyd George, must have been profoundly impressed by the organizing ability of those responsible, by the resolute tenacity of purpose of the women in that brave show, and by their capacity to carry through duties which they undertake however adverse the circumstances.

For this reason it is not to be regretted that the day was so unpropitious, for the women who battled with the gusts of wind which threatened to tear their banners from the poles, and carried them triumphantly to their destination, the women who marched along undaunted, with a brave smile on their faces, though the rain drenched them as they walked, and the sound of water filling their shoes was audible with every step they took, gave the best possible evidence of their sincerity of purpose, of their determination to do all in their power to support the men behind the guns, and to help to organize victory, and of their capacity for so doing. It was to demonstrate this that they assembled in their thousands to take part in a procession stretching from Blackfriars to Westminster, and again from Marble Arch to Oxford Circus, that the banners which they bore were inscribed with words showing their determination to claim their right to serve, and that the red, white

and blue of the British flag marked the progress of the various sections from point to point.

They had their reward, in the assurance given them by the Minister of Munitions that their services were necessary to the national welfare at this crisis. "I do not think," he said, "it would be possible effectively to organize the resources of the nation for the tremendous war we are beginning thoroughly to realize we have embarked upon, until you mobilise the women of this country as well as the men. The National Register is a complete statutory recognition of that point.

"Women can help, and help enormously. I believe that they can help us through to victory. Without them victory will tarry, and the victory that tarries means a victory whose footprints are footprints of blood. . . . On behalf of the nation I am entitled to thank you for tendering your services."

It now remains for the women to organize so that their services can be utilized to the best possible advantage, a task which may safely be left to their indomitable leaders, who have already shown their political acumen, by the way they have handled the situation, and obtained so conclusive a recognition of their right to serve.

We must however take exception to various suggestions in the press that the patriotism which inspires the women who claim this right is some new thing. For it is of precisely the same quality as that which in the past inspired them to work and suffer in order to obtain their political enfranchisement. They claimed that enfranchisement because they knew that to secure it was the surest way to gain the right to give patriotic service, just as nurses know that their profession can never rise to the height of which it is capable till they obtain their professional enfranchisement through State Registration.

## OUR PRIZE COMPETITION.

**GIVE THE SIGNS AND SYMPTOMS IN A CASE OF PLACENTA PRÆVIA. WHAT ARE THE RISKS TO MOTHER AND CHILD? WHAT GENERAL MANAGEMENT WOULD YOU ADOPT?**

We have pleasure in awarding the prize this week to Miss E. Douglas, Maternity Hospital, City Infirmary, Belfast.

### PRIZE PAPER.

Placenta prævia is very rare in primiparæ and relatively common in multiparæ; it is generally supposed that it depends on some morbid condition of the uterus prior to conception. There may be dilatation of the uterine cavity due to subinvolution after a previous confinement, endometritis, or hypertrophy, also a morbid state of the mucous membrane itself rendering immediate adhesion of the ovum less easy, may have some influence.

The characteristic symptom is sudden and unexpected bleeding without any adequate cause, generally in the last three months of pregnancy.

The first bleeding may be so profuse as to cause extreme anemia or even death; this is more apt to be the case when it occurs at or near full term. The bleeding which occurs earlier in pregnancy, unaccompanied by pain, is generally not so severe at first, and may stop after a short time. It recurs from time to time, either on slight exertion or seemingly without cause, and when the first stage of labour sets in it is likely to be rather copious. Premature labour may come on after the first hæmorrhage, or more frequently after subsequent hæmorrhages.

In some cases there may be no violent bleeding, but oozing going on for days or even weeks. If left to Nature, the patient may bleed to death before delivery.

Labour pains are frequently feeble owing to the labour being premature or the exhausted condition of the patient from the hæmorrhage.

Post-partum hæmorrhage is a likely complication, and soon tells seriously on the already anæmic patient.

The diagnosis of placenta prævia is certain when a finger can be passed through the cervix and the spongy placenta felt; clots are less firm and easily removed, while the placenta will be found continuous with the membranes.

The prognosis is bad both for mother and child. For the mother, besides the immediate risk of most serious hæmorrhage, there is the danger of septic trouble after labour. This is due partly to the low position of the placental site, which is therefore more exposed to the lochial discharge, and partly to the increased

tendency to absorption from the emptiness of the vessels; also to manual interference, and manipulation of the placental site, which may have been found necessary.

For the child, the main danger is asphyxia from the loss of maternal blood and from the separation of a great portion of the placenta, and therefore an inadequate blood supply; also that of immaturity or malposition, or the increased risk involved by version; also, a considerable number of those children born alive die in a few days.

The result to the mother depends greatly on the skillfulness of the treatment, and the speed with which medical aid is obtained.

As a rule, it is desirable to induce labour as soon as a positive diagnosis can be made, or when hæmorrhage is excessive. The exception to this is when pregnancy has not reached the seventh month, hæmorrhage is not excessive, and medical aid can be got at short notice—it may then be desirable to prolong pregnancy up to the seventh month, in the interest of the child. In such a case the patient should be kept entirely in bed, and the doctor will probably order an opiate as long as bleeding occurs.

Plugging the vagina is a valuable resource. It is supposed to compress the bleeding site, but the most valuable effect is that it stimulates the uterus to contract by reflex action. Before plugging, the vagina should be well washed out with an antiseptic douche.

Plugging is useful, as it can be carried out with the material at hand. Handkerchiefs, or strips of linen or calico which have been boiled are suitable for the purpose.

The doctor may use a hydrostatic dilator; it dilates the cervix quickly, and stimulates contraction.

The most effectual way to stop hæmorrhage is by bi-polar version. When a leg is drawn down, the half breech acts as a plug in the lower uterine segment, and presses the placenta against the uterine wall. There is not generally hæmorrhage of any consequence after this, nor is there any need to hurry the labour; such a procedure might cause rupture of the cervix and subsequent septic absorption.

In cases of partial placenta prævia, where the pains are good, the os dilating well and the vertex presenting, rupture of the membranes is suitable treatment. The uterus acts more vigorously after the liquor amnii has been drained away; this method has the advantage that the chance of the child's life being preserved is greater than if version had been performed. During the puerperium, antiseptic precautions should be carried out with especial care. If any septic symptoms appear,

report at once to doctor. Vaginal and intra-uterine douching may be ordered.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. J. Butter, Miss D. Vine, Mrs. Farthing, Miss S. Simpson, Miss J. Robertson, Miss M. MacDougall, Miss P. O'Brien.

Miss Butter sent in an admirable paper, but it considerably exceeds the limit of a Prize Competition.

#### QUESTION FOR NEXT WEEK.

Name two communicable diseases, and state the manner in which infection is carried.

### WAR SURGERY.

#### PARTIAL HELIOTHERAPY AND WOUNDS OF WAR.

M. G. Léo, formerly an interne in Paris hospitals, and Chief of the Surgical Clinic in the Hôpital Necker, and *Aide-Major* of the first class of the Reserve of the Territorial Army, contributes to *Le Caducée* an interesting article on the above subject, from which we subjoin the following extracts:—

Heliotherapy consists in exposing teguments and sores to the rays of the sun, without interposition of any kind.

The use of the sun's rays is not to obtain warmth, but to allow the ultra violet rays—also called the actinic rays—emitted by the sun, through the ether and atmosphere which surround our planet, to fall on the exposed part without the interposition of the lightest gauze, pane of glass, or screen of any kind.

This treatment, so little known, may be carried out wherever the sun's rays can fall directly on the subject. In all climates, at all seasons, the sun gives forth these rays. Naturally in a country where there are often clouds and fogs it is not so favourable, but it is astonishing what a number of hours on most days, even in the winter months, it has been possible to obtain this healing treatment for the wounded.

The results recorded by M. Léo were obtained in a temporary hospital in Normandy, on the edge of a damp valley.

Often at all seasons of the year a quick glance at the sky at a given moment may show it absolutely grey, and it may be asked how heliotherapy is possible on such a day. But it has been observed that for an hour or two, perhaps from seven to nine o'clock in the morning, a brilliant sun has shed its ultra-violet rays on the locality. It is only later that the fog and

the clouds have come. In a word, it is necessary in northern climates to be on the watch at sunrise, in order to utilize the sun's rays from that time. One is astonished then to see how often it shines even in a bad season, or on the bad days of good seasons.

A little attention is necessary in the application of the rays. In military hospitals, and especially in those mobilized in war time, this is easy, as help is available. Moreover, the wounded themselves, when once they have experienced its benefits, claim their place in the sun, that they may receive treatment from its rays, and that their beds shall be rolled out if they cannot instal themselves under its influence without help.

For the rest, heliotherapy is not applicable to all wounds indifferently, but only to certain selected ones. It is easy on sunny days to remove the dressings of these patients, and place them in the sun, and then to attend to the dressings of those who are not receiving this treatment, and later to re-apply the dressings of those who have received the sun treatment.

This manner of utilizing the ultra-violet rays is particularly applicable in all the wards to which the sun penetrates at a certain moment of the day, either morning or afternoon. It is only necessary never to forget to open the windows, otherwise the glass will act as a screen to the actinic rays, and render the treatment absolutely useless.

The installation of the wounded man is not difficult. It is necessary to expose, as much as possible, the entire limb in which the wound occurs, or the segment of the trunk which is injured; for instance, the whole of the thorax or of the abdomen. It is simple and easy to uncover a limb, or a section of the body, in this way. To entirely undress the subject, as is done in the Solaria of the South, in cases of tuberculosis of the joints, implies an organization more complete and difficult of achievement in the mobilized military hospitals.

It suffices, therefore, to open the bed, to remove the dressing, and to let the rays of the sun play on the wound and the surrounding region. All kinds of positions can be adopted by the wounded man during this application of the sun's rays; thus he may lie on the abdomen if the wound is of the back.

The duration of the treatment varies from one day to another, and depends on the force and brilliancy of the sun's rays. An exposure of less than a quarter of an hour is not efficacious; one of half an hour depends mainly on the pains taken to utilize it; one of an hour's duration is very efficacious.



The difference between *integral* and *partial* treatment is that in the former the whole body, with the exception of the head, is exposed, and necessitates progressive training. It is principally applicable to tubercular joints, and lasts for several hours. It is practicable in certain mountain climates. Partial heliotherapy is practicable in all climates, and for short *séances*, lasting from a quarter of an hour to two or three hours as a maximum. Only the wound, and the member on which it occurs, is exposed. All that is necessary is that the unobstructed rays of the sun should, through an open window, play over the bed of the patient.

Experience in a complementary hospital in Normandy from October 14th to April, 1915, makes it possible to say that the wounded exposed to the sun's rays benefit in three different ways.

1. Epidermisation of wounds is clearly accelerated. Exposure to the sun, repeated as often and for as long as possible, causes a rapid growth of the epidermis at the edges of the wound.

2. Granulations appear on infected wounds, or continue, or multiply. These words ill express the rapid and striking change of aspect produced in a wound treated by insolation, sometimes after the first treatment, and always after two or three consecutive treatments of an hour's duration.

3. Œdema disappears, and there is established, at the level of the wound, a special lymphorrhagia under the influence of the actinic rays, which constitutes a therapeutic phenomenon more important than either of the preceding ones, and also less known. Thanks to this, the œdematous condition of the infected region, whether due to serum or pus, disappears.

The best drain is the sun, for it is not content, like indiarubber drains, to conduct the contents of the infected cavity to the surface, but it promotes oozing in the cavity. Rubber drains are passive conductors; the sun is an active drain, inasmuch as under its influence the septic liquid is actively drawn from the œdematous tissues.

The objection is sometimes raised that if so simple a means has so powerful an effect, it must have been known long ago.

Without doubt heliotherapy is as old as the world, but civilization stifled it. Now it must accord it the importance which it lacked until placed by men of science on a scientific basis.

For the rest, M. Léo believes that personal observation of an infected and incised wound,

treated by this method, will best carry conviction of its usefulness.

## PASSIVE ISCHEMIA AS MEANS TO OVERCOME FATIGUE.

DE FLEURY's experience with the troops has confirmed the remarkable relaxation and relief that follow the simple measure suggested by Jaquet. He calls it the biokinetic method of resting; it aims to expel the blood from the legs by raising them. The men take off their shoes and lie on the ground close to a wall or tree and raise their legs against the wall to a right angle with the body. In this attitude the toes, ankles, and knees are worked. If the shoes are not taken off, the benefit is less, but even then the refreshing influence of this transient ischemia is notable. The head should be raised as on a pillow. A body of men apparently entirely exhausted recuperate their energies with five, ten, or fifteen minutes' exercise of this kind, the rest and the flood of blood which pours into the tissues as they get up.—*Bulletin of the Academy of Medicine, Paris.*

## INTERNATIONAL NEWS.

### MESSAGE FROM THE FOUNDER.

The following Message was sent by the Founder of the International Council of Nurses, and read by Miss Annie Goodrich, the President, at the recent Nursing Convention at San Francisco:—

DEAR MADAM PRESIDENT,—

Please convey to our dear colleagues assembled in Conference at San Francisco the affectionate regards of every member of the National Council of Trained Nurses of Great Britain and Ireland. Deep is our disappointment that we cannot be with you as on so many previous occasions, to enjoy in peace and happiness the gracious hospitality of the hostess Council. But our duty to humanity keeps us attendant on the sick and wounded of European Armies at war, in which duty we welcome the devoted help of many American Red Cross Nurses.

May the members of our fine International Federation of Trained Nurses have an uplifting time together in Conference, and also thoroughly enjoy their visit to the Panama-Pacific Exposition, reports of which, of its beauty and magnificence, have come to us across the seas.

Affectionately yours,

ETHEL G. FENWICK.

## NURSING AND THE WAR.

We are not surprised to hear from Dublin that the resignation of Miss MacDonnell, R.R.C., the very experienced Matron of the Red Cross Dublin Castle Hospital, is deeply regretted by Irish nurses. It is now an open secret that Miss MacDonnell resigned as a protest against the breach of professional etiquette and discipline upon the part of the Resident Medical Officer, superseding her authority as Matron by sending a Circular Order direct to the Sisters, of which she disapproved, and in other instances ignoring her position as head of the nursing staff.

Miss MacDonnell is, as we all know, an exceptionally clever woman, a fine organizer, and just a administrator, who for years was Lady Superintendent of the Richmond Hospital, Dublin, and who gained her experience of military nursing as Lady Superintendent of the Irish Hospital during the South African War. It is therefore greatly to be deplored that the Committee did not take a firm stand and uphold the maintenance of nursing discipline by supporting the authority of the Matron in her own province. It is very certain that a nonentity at the head of the nursing department is very injurious to the standard of nursing, especially in a military hospital.

The Princess Patricia of Connaught's Hospital for Wounded Soldiers is situated in a charming house at Bray, formerly the International Hotel. From every window there is a glorious view of sea or lovely mountains. Everything is very well arranged for the comfort and happiness of the men. A delightful dining room, with small tables (soldiers just hate the long unconvivial table used

in times when servants sat below the salt); a billiard-room, large recreation rooms in the garden, which a lady has kindly offered to keep cared for and in flowers. The kitchens and store-rooms are ample and well arranged; and there are plenty of cloak and bath rooms. As we have reported, Miss Michie, Q.V.J.F., is in charge, assisted by Miss Mullally; and the staff consists of two trained Sisters and a staff of Red Cross workers. Bray is just a lovely place in which to convalesce, and should brace up many a brave man willing to

sacrifice life and health for his country.



QUEEN ELENA OF ITALY.

The *Galeka*, the ship on which English nurses have brought sick and wounded from Mudros to Alexandria, has recently been in harbour, being fitted up as a first-class hospital ship, and will soon again be in use. She is painted green and white, with red crosses, and at night has green lights along the deck and crosses in red lights, very picturesque on the sparkling water. The staff of eight Sisters is quite "imperial": one regular, one reserve, two Australian, and four of the party requisitioned by the Dowager Countess of Carnarvon, and for the time being taken over by the War Office. The Sisters greatly enjoy this

hospital ship service, and now that the *Galeka* is properly fitted they will be able to make the patients much more comfortable.

We hear that a large number of nurses have volunteered for active service in Italy, but so far there is no sphere of activity for them; the Government does not propose at present to requisition any foreign help. The Scuola Convitto at Rome is well organised under an English Superintendent in close touch with the Queen Elena, and if more nurses are required they will

be accepted on the usual terms. At present Miss Snell has a long list of applicants from which to draw a supply. The 200 beds provided in the Military Hospital at Verona have been supplied by the Queen, and are nursed from her school in Rome, we present a picture of the nurses upon the eve of their departure for active service. We have also a group of those "left behind." Let those very nice-looking nurses console themselves that their work for the sick poor, who also are unable to bear arms, is of equal value.

Mrs. Phillips, R.R.C., is now in nursing charge of the Red Cross Hospital at Giza near Cairo.

## FRENCH FLAG NURSING CORPS.

Of the last unit sent to France, Miss J. M. E. Smith, who is a certificated masseuse I.S.T.M., as well as a trained nurse, has been sent to Evreux to relieve in turn the masseuses who have done such arduous and extremely good work there. Miss Neville-Parker, and Sister Wadsworth, R.N.S., need rest.

Sisters A. B. Weir, M. C. Clarke and J. McGibbon-Campbell have been deputed to duty at Vittel, where they arrived after a long journey, to be received with the greatest kindness by the Matron and Médecin-Chef. The Sisters have



Miss Snell (Matron).

### TRAINED NURSES LEAVING ROME FOR THE MILITARY HOSPITAL VERONA.

It contains about 300 beds, and her husband, Major Phillips, is commandant. Six of the trained nurses requisitioned by Lady Carnarvon compose the staff, with the usual V.A.D.'s. The nurses greatly appreciate work in Egypt in spite of the heat. From Giza the Pyramids are visible, and of course, the nurses have had a peep at them and the Sphinx by moonlight—and such moonlight—"how different to our own shy and fleeting little moon at home" as one Sister writes.

Col. William Hunter, M.D., Lieut.-Col. G. S. Buchanan, M.D., Lieut.-Col. Andrew Balfour, C.M.G., and Lieut.-Col. Leonard Dudgeon, F.R.C.P., are proceeding to the Dardanelles, as an advisory committee to assist the Royal Army Medical Corps in dealing with any epidemics.

comfortable rooms in a hotel. The following day the Lieut.-Colonel visited the Sisters and thanked them for coming to help French wounded, to which, of course, they replied they considered it an honour and a privilege. The Committee are pleased to hear from the Sisters that they are very happy, and intend to do their utmost to keep up the good name won by their colleagues of the French Flag Nursing Corps in France.

We also hear from a French Flag Sister: "I am exceedingly happy here, although I thought it impossible to like any place after Bergues. Everyone is charming to us. We are nursing scarlet fever and measles in pavilions, which are beautifully built and fairly well equipped, but some

details are unprovided, and as the patients are splendid, we should like to supply what is lacking, so will you kindly through the *BRITISH JOURNAL OF NURSING*, ask for socks, towels, handkerchiefs and slippers for this ambulance, as we are in great need of them, and can do with a good supply."

We have sent off 50 pairs of slippers kindly sent by Mrs. Alfred Paine of Bedford, and several dozens of fine towels, but some large towels, socks, and handkerchiefs will be gratefully received by Miss Tunnell, French Flag Nursing Corps, Groupe 3, Secteur Postal 3, France. Please some kind reader see to this little demand. We hear such gifts are greatly appreciated from England, and as there are so many devoted women whose duty is in their homes, who spend all their spare time working for the wounded—and as the French soldiers are our brave brothers in arms, everything which can be sent will be well bestowed.

### FRENCH HYMN OF GLORY.

With all due ceremony the ashes of Rouget de Lisle, the author of the "Marseillaise" have been removed from Choisy-le-Roi, where they have lain since 1836 in a gun carriage of the First Empire, and conducted in State to the Invalides, where they will rest in the Chapel of St. Louis side by side with those of the Great Napoleon. All Paris paid homage in procession on this occasion to the author of their hymn of glory.

### NEWS FROM MONTENEGRO.

A member of the Sanitary Commission recently sent to Montenegro by the Wounded Allies Relief Committee, has lately written as follows to the Committee concerning its two typhus units despatched at the request of the Montenegrin Government:—

"I left Cetinje at 6 a.m. for Niksitch, where I chose the buildings for our work, the schools for the hospital, and the gymnasium for the staff. I arranged with the Local Authorities thoroughly to whitewash out both buildings and to put them both into repair. I asked for 20 Austrian prisoners to act as orderlies and arranged for a camp disinfecting apparatus to be erected in the courtyard. There was no kitchen belonging to the schools so one is being built. They also promised to provide 6 large wooden barrels, which are to be cut in half, to be used as baths for the patients and washing tubs for the laundry.

"From Niksitch I went to Podgoritz by motor some 80 miles distant and there I agreed to take over the schools, which are already a hospital and will be handed over to us on our arrival. I also chose a house for the staff. . . . It is devoid of furniture, as also is the gymnasium at Niksitch . . . so we shall have to make shift with packing cases.

"The Montenegrin authorities will give us, free of charge, rations for every patient in hospital, and also 1 kilo of bread and  $\frac{1}{2}$  kilo of meat per head of the personnel. . . . They will give us two interpreters for each hospital."

The writer then proceeds to give an account of an exciting escape from death. "The path was hardly 12 inches wide, and one wondered how the ponies found a foothold, especially as the wet clay was like glass. At these places a precipice ending in a broad fast flowing river was on one side of the path with nothing between you and it, while on your other side your leg brushed against a towering cliff. . . . At one of these places both I and my interpreter were very nearly killed by the fall of a gigantic rock, which luckily fell down between us."

### EXHIBITION OF ARTIFICIAL LIMBS.

The exhibition of artificial limbs at Roehampton House, Roehampton, opened on Tuesday, July 20th. A large number of firms sent exhibits, and many of their representatives were themselves fitted with artificial limbs, and were therefore able to give practical demonstrations of their usefulness.

It was indeed marvellous to see the pitch of perfection achieved by some of the appliances designed for the comfort and help of those whose sad fate it has been to lose one or more limbs.

The firm of A. A. Marks, New York, showed an artificial limb for use after amputation below the knee, price 100 dollars. There were several points worthy of note. Though made without an ankle joint, jar is avoided by the rubber padding on the heels and toes. The representative of the firm was himself wearing one of these, and had climbed the Alps with its help.

In the case of the artificial arm and hand, the fingers of the latter are made of rubber, which avoids any unpleasant noise when they come in contact with a hard object. The hand is detachable, and can be replaced with a fork or hook, &c.

Carnes Artificial Limb Co., Kansas City, exhibited arms only, at a cost of £50. Though the price was high, it was justified by the truly wonderful things the limb is able to achieve. The fingers are controlled by shoulder movements, the wearer is able to write, brush his hair, pick up objects, feed himself, and in fact very little remains that he cannot accomplish.

The disfiguring high boot has been replaced by the neat extension, formed by placing the foot on an inclined plane. The contrivance enables an ordinary boot or evening slipper to be worn.

A simple inexpensive and ingenious contrivance for the benefit of those with injuries to the leg was shown by George E. Marshall & Co., Crawford Works, Bryanston Square, W. It is entitled a stick leg-rest for the wounded, and is so made as to form both a useful walking stick and a comfortable leg rest.

The stick is in two sections, held together with rubber caps at each end, these being removed, the sections fall apart, but are connected with flexible bands. We think that this simple contrivance will be a great boon to lame travellers. Limited space forbids us to mention more than a few of the many highly scientific inventions in this most interesting and unique exhibition.



## THE CARE OF THE WOUNDED.

We note that several newspapers are voicing the complaint that the food in many military hospitals is neither sufficient, well cooked, nor well served. "We were much better done by at the Front," one convalescing soldier said to us recently. The organisation of the commissariat in a new hospital is very difficult work, and good service most difficult to obtain. We advised girls months ago, who were all rushing to nurse the wounded, to pause and perfect themselves in cooking and learn something of domestic management. In this branch of hospital work they would indeed fill a want.

"If only I could get a really hot cup of tea out of a pot, and freshly cut bread and butter, with a lettuce thrown in now and then, I *should* enjoy it," one sick man told us. And why not? This should not be beyond the domestic management of any staff, but apparently it is.

The City of London Branch of the British Red Cross Society has already its charming Hospital for Officers at Fishmongers' Hall. Soon it will also have a hospital for 100 men in Finsbury Square, E.C., in a house formerly run as an hotel by German proprietors. When we say that the Matron will be Miss G. A. Rogers, for so many years the Matron of the Royal Infirmary, Leicester, it will be realised that the Committee has secured a Matron whose name is honoured, and whose organising ability is respected, far beyond the United Kingdom.

A London Committee of the Scottish Women's Hospitals in France and Serbia, with Lady Cowdray and Lady Frances Balfour at the head, has been formed, the intention being to send out London units.

## CHOLERA SPREADING.

It is reported from Austria that, with the increased heat, cholera is extending in Austria-Hungary. According to the latest reports received through prisoners several thousand fresh cases occur daily. Special camp hospitals have been formed in country places, where the cholera patients are treated, as the population in the more important towns in Austria, and especially in Hungary, refuse to receive them for fear of contamination.

## AUSTRALIAN HOSPITAL AT HAREFIELD PARK.

Harefield House, the first Australian Auxiliary Hospital, at Harefield Park, near Uxbridge, is one of the splendid gifts placed at the service of the Mother Country by the Commonwealth of Australia and the generosity of those having ties with Australia, notably Mr. Billyard Leake, to whom the loan of the house is due.

The house is some five miles distant from Uxbridge, but a drive in golden sunshine through the lovely country, past cottages where periwinkles grow in the hedgerows, and through a countryside steeped in peace, is some compensation for the slowness of the only available conveyance, and the tendencies of its horse to return to Uxbridge instead of proceeding to Harefield Park. As the Jehu admitted subsequently, "he is



FIRST AUSTRALIAN AUXILIARY HOSPITAL, HAREFIELD PARK:  
THE CONCERT.

getting old and artful, like myself." But at least one's enjoyment of the surrounding loveliness is prolonged, the only reminder of war being an aeroplane poised like a bird in the clear ether.

Harefield House is a handsome, substantial, square house, in the centre of the park, overlooking a peaceful lake, and as great a contrast as possible to the stress and tumult of the war zone, from which those for whose service it has been prepared with so much care have lately arrived. Adjoining the central hall are the rooms where stores are received and sorted, and the operating theatre, spacious and well arranged, with a large window overlooking the garden. The wards are on the first floor, where the rooms, of varying size, form the four sides of a square, round a central well, and all open into one another. One overlooking the lake is specially charming. The Matron, Miss

Ethel Gray, of the Australian Army Nursing Service, greatly appreciates the beauties of the place, both as a feature in the treatment of the patients who come under her care, and as an enjoyable element in her own life and that of the Sisters.

The hospital, the capacity of which was originally 50 beds, has now been extended to the regulation size of a military hospital, containing 520, and huts have been erected in the grounds close by, with well-arranged offices and extra kitchens, although in the house itself the kitchen staff can cook for over 300.

A hospital of this size needs large supplies, and the Australian Red Cross Society has given no less than 1,460 blankets, 1,403 pillow-slips, besides socks, shirts, housewives, and Mrs. Collins, wife of Captain Collins, Secretary for the Commonwealth, has sent pyjamas, shirts, bandages, dressing-gowns, and writing pads, all much-appreciated gifts.

Mr. Stephen Paget, Chairman of the Committee of the Urgency Cases Hospital, at Bar-le-Duc, appeals for £1,000, in support of the very good work it is doing so near the fighting line in the Argonne. We also feel a deep interest in it, as it recognises the necessity for a complete fully-trained nursing staff. "The hospital," writes Mr. Paget, "began with 60 beds. In the rush of work between June 27th and July 2nd, it had to find beds for 130 French wounded. The monthly report from the hospital, dated July 10th, says that 208 patients were admitted during the previous month; wounds from bombs, 79; from shells, 65; from bullets, 57; and other wounds, 7. The proportion of fractures is very high—114 cases. Some of them have been truly terrible cases, especially the fractures of the thigh. Deaths, six, all from bad, comminuted fractures of the thigh. . . . The work of the hospital continues to go on very smoothly. Even during the days

when we were hard pressed, everyone worked loyally and well. Our stock of dressings was heavily drawn upon. . . . With the warmer weather, there has been a marked increase in infection of the wounds. Gas-gangrene has again appeared, and no doubt will be more frequent in the future. The new isolation ward has been of the greatest service; all the very septic cases are transferred there at once. . . .

The hospital is only for those

who are severely wounded—*les blessés qui peuvent mourir*. The work of the hospital—I have had the privilege of seeing it—is admirable; it has won high approval from the French military authority; it is of real service to the French Army."

Queen Alexandra and Princess Victoria visited the headquarters of the Order of St. John of Jerusalem in England, at St. John's Gate, Clerkenwell, on Tuesday, and were received by Sir Herbert Perrott, Bailiff of Egle, and Lady Perrott. Miss Swift, the Matron-in-Chief of the Order of St. John and the British Red Cross Society, was presented to Her Majesty, who took much interest in the various arrangements made for the relief of the sick and wounded at the Front, and especially in the nursing department and in the St. John Ambulance Brigade Orderlies.



THE URGENCY CASES HOSPITAL, BAR-LE-DUC.  
CONVALESCENT PATIENTS ENJOYING THE SUNSHINE.

Amongst the visitors to the hospital have been Sir Edmund and Lady Barton, who brought welcome gifts of cigarettes.

The nursing staff working under Miss Gray wear the distinctive uniform of the Australian Army Nursing Service.

The unit, of which Captain Southey is Medical Officer and Miss Gray Matron, is under the general direction of Sir George Reid, the High Commissioner for Australia.

Recently Mrs. Rita Fiske gave a tea and entertainment to the patients which was greatly appreciated. Our illustration, on page 72, kindly placed at our disposal by the editor of the *British Australasian*, shows a member of the concert party, organised by Miss Tansley, entertaining the patients on the lawn.

## JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in Home Hospitals :—

2nd Field Ambulance Hospital, Gastwyche, Coldstream.—Mrs. M. E. Pritchard.  
 Convalescent Hospital, Golder's Green.—Mrs. A. B. Oughterson.  
 Red Cross Hospital, Worsley Hall.—Miss E. Battray.  
 St. Augustine's Hospital, Rickmansworth.—Miss G. Westrope.  
 Hillsborough Hospital, Harlow.—Miss C. Alvarez.  
 F.A.D. Hospital, Yacht Club, Gravesend.—Miss Mary Davies, Miss E. A. Bailey.  
 Bulstrode Park, Gerrards Cross.—Miss K. E. Allen.  
 Cluny Red Cross Hospital, Swanage.—Miss H. J. Stevenson, Miss H. M. Turner.  
 Hale Park, Breanore.—Miss E. F. Burke.  
 Piccard's Rough, Guildford.—Mrs. A. Alden.  
 F.A.D. Hospital, Whitchurch, Salop.—Miss H. Day.  
 Red Cross Hospital, Leamington.—Miss M. Stiffe.  
 F.A.D. Hospital, Hardwick Mount, Buxton.—Miss F. M. Chive.  
 West Ham House, Basingstoke.—Miss D. Kimber.  
 Woodbastwick Hall, Norwich.—Miss M. K. Burton.  
 South Sytchett Manor, Poole.—Miss F. G. Brown.  
 Guards' Hospital, Basildon Park, Reading.—Miss A. Ruddock.  
 Waverley Abbey Military Hospital, Farnham.—Miss E. A. Brander.  
 F.A.D. Convalescent Home, Crawley Down, Sussex.—Miss M. Flet'her.  
 F.A.D. Hospital, Strood, Kent, Sussex.—Mrs. Hose, Miss M. Ollin.  
 Burley-on-the-Hill, Oakham, Rutland.—Miss O. Attridge.  
 Gifford House, Roehampton.—Miss E. Glasspoole.  
 F.A.D. Hospital, Barnstable.—Miss A. B. Hatch.  
 Coombe Lodge, Great Warley, Essex.—Mrs. B. Parsons.  
 F.A.D. Hospital, Cliff House, Caversham.—Miss M. M. Bowen.  
 F.A.D. Hospital, Normanhurst, Battle.—Miss E. Rolfe.  
 Red Cross Hospital, Reading.—Miss A. L. Tidd.  
 Oakley Manor F.A.D. Hospital, Bellevue, Shrewsbury.—Miss H. Carstairs.  
 Hanworth Park, Middlesex.—Miss E. Hogan, Miss E. Gilbert, Mrs. G. Zala, Miss I. Hamilton.  
 Dohson Relief Hospital, Blackheath.—Miss A. Shorter.  
 St. Dunstan's, Regent's Park.—Miss E. M. Towell.  
 Shotley House F.A.D. Hospital, Shotley Bridge.—Mrs. E. Cattle.  
 Urmston F.A.D. Hospital, Eastbourne.—Miss C. D. Fraser.  
 N.B.—The Military Hospital, Yateley, is near Camberley, not near Winchester, Hants.

## LETTERS FROM THE FRONT.

## A NURSE IN SWAKOPMUND.

## THE COMFORTS OF A CITY AMONG SAND.

A nurse with the Northern Union Force at Swakopmund, writing on June 11th, gives the following very interesting description of the chief port in the captured German colony, which is published in the *Manchester Guardian* :—

The sisters' quarters here are most luxurious, being the evacuated houses of the German residents, and left by them, of course, *in statu quo*. Swakopmund, in fact, was a very prosperous little German colonial town, with a fine large Lutheran church (now used for Anglican services), a town hall, a "Tivoli" theatre, and a fine hospital. It is odd to see the empty "Bäckeris" and hotels, and other evidences of comfortable and typically German living, standing empty silent, or in ruins. And all these fine, elaborately furnished houses stand isolated each in its own setting of sand—there are very few trees in this arid part of the world where no rain falls, and spots of green are evidences of a water-hole. From my beautiful little room, with its bow windows, stencilled walls, stained floor, and handsome furniture I can see, beyond the tents, the hospital, our mess-quarters, and the church, with its musical chime—nothing but ranges and ranges of sandy desert. The streets are all sand, through which one ploughs, ankle deep, except where the military have been employed to lay down rough wooden pavements.

I came up with three staff nurses and the matron-in-chief, who took this opportunity to make a tour of inspection. We came on the hospital ship. We left Capetown on Tuesday, June 1st, and anchored off Luderitzbucht on Friday afternoon, after lying to all night in a dense fog with the siren hooting horribly and racking your every nerve. Luderitz is a study in ochre and steel colour-lines of rocky yellow coast, broken by Shark Island and Penguin Island. A dreary settlement of white houses, cheered by one or two red roofs, marks the camp and hospital, but the harbour was very pretty, with so much craft on the light-blue twinkling water.

On Saturday night we anchored in Walois Bay. On Sunday morning, after breakfast, they took us to the shore in a launch. We were carefully deposited on the rough jetty, and ploughed our way some long distance through the inevitable sand, following a railway track without beginning or ending. An engine attached to a few trucks presently overtook us in a casual way. We laughed at the men when they told us we were to ride on the meales in the trucks, till it became apparent that there was nowhere else for us to go, so up we mounted between the buffers and sat aloft on the meale bags, surrounded by our belongings. The trip was most interesting, although only variations of sand views. Every half mile or so we passed

a rough blockhouse made of iron or sandbags and fenced with barbed wire—some were facetiously named, such as "Bertramville." One outpost we passed was guarded by very unsophisticated burghers who cried in excitement "Kyk dar voor de meisies!" ("Just look at the girls!"). Sometimes the track ran by the seashore, which was a welcome variety, and often we passed the snow-white bones of whales—huge ribs and vertebrae gleaming on the sand. Some of these ribs are used to make ornamental arches in the hospital gardens, so you can imagine the size of them.

After about thirty miles Swakopmund came suddenly into view. We ploughed our way through the deep sand to the mess quarters. We had a very nice lunch waiting for us. The days of hardships—bully beef and scarce water—are practically past here, but talking of water, it is the nastiest you can imagine—"brak," tastes of soap and anything unpleasant you can think of. However, quite a lot of condensed water is shipped from Capetown, and the orderlies often fill bottles for us with it.

It is so quaint being in a town where the population is exclusively troops and sisters. Not another petticoat is allowed in the place, so we get made a good deal of. When we go to the bi-weekly concerts they cheer us.

### SLIP THIS INSIDE YOUR CAP.

The following prayers were issued by the Chaplain of the Fleet, and the Chaplain-General of the Army, for the use of sailors and soldiers in August, 1914, to slip inside their caps:—

#### A SAILOR'S PRAYER.

Heavenly Father, forgive my sins, and strengthen me in all that is right.

Grant me help to carry out my duties faithfully and bravely.

Bless and protect the officers and men of this ship. Shield all I love from harm in my absence.

For Jesus Christ's sake. Amen.

#### A SOLDIER'S PRAYER.

Almighty and most Merciful Father,

Forgive me my sins;

Grant me Thy peace;

Give me Thy power;

Bless me in life and death,

For Jesus Christ's sake. Amen.

At Belfast Police Court recently a delicate looking man named David Gordon, was charged with having attempted suicide by throwing himself from the window of a private nursing home, where he was staying, pending an operation. Mr. A. J. Lewis, solicitor, said the man owed his life to Miss Sloan, a nurse in the home, who caught him as he was going through the window, and held on until assistance arrived. The defendant was handed over to the custody of his relatives, and the magistrates highly complimented Miss Sloan on her courageous conduct.

## SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee of the Society for the State Registration of Trained Nurses was held at 431, Oxford Street, London, W., on Thursday, July 15th. The President, Mrs. Bedford Fenwick, was in the chair.

### HON. SECRETARY'S REPORT.

The Minutes having been read and confirmed, the Hon. Secretary presented a report covering the period from the Annual Meeting on June 17th to date.

The report drew attention to the proposition put forward by Lord Knutsford, and presumably the anti-registration party, for the registration of non-standardised training schools by an unprofessional authority, as a substitute for granting legal status to thoroughly qualified nurses after examination by a central professional authority.

Miss Breay reported that by the unanimous invitation of the Legislation Sectional Committee of the National Union of Women Workers, Mrs. Bedford Fenwick, President of the Society for State Registration of Trained Nurses would, on behalf of the Committee, move the Resolution in support of Nurses' Registration to be brought forward at the Annual Meeting of the National Council of Women of Great Britain and Ireland in London next October.

The Resolution was to be seconded by Mrs. George Cadbury, who had spoken so sympathetically on the question at the Nurses' Conference at Birmingham. The Registration resolution had received widespread support from the branches of the N.U.W.W. and from important affiliated societies of social workers and trained nurses.

### THE NATIONAL UNION OF TRAINED NURSES.

The Referendum taken by the National Union of Trained Nurses, resulting in 460 members supporting the demand as against 35 opposed was reported, and it was agreed to forward an expression of congratulation to the N.U.T.N.

### RESOLUTION SENT TO MINISTERS.

The Resolution carried at the Annual Meeting urging that the mobilisation of the nursing profession owing to the War had demonstrated the absolute necessity for a standard of nursing proficiency, and the registration of those who attain the same, and petitioning His Majesty's Government to give facilities for the consideration of the Nurses' Registration Bill, had been sent to the Prime Minister and the members of the Cabinet and official acknowledgment had been received.

The congratulations of the Society were also sent to Dr. Addison, M.P., on his appointment to office, and acknowledged by him in cordial terms.

### AN UNJUSTIFIABLE ATTACK.

Following the Annual Meeting of the Society, the *Manchester Courier* published on June 23rd



the report of an interview with Miss Sparshott, the Lady Superintendent of the Royal Infirmary, Manchester, in which she criticised as "untrue" and "little short of wicked" statements which had never been made, erroneous deductions which were entirely disproved by the President in a communication to the *Courier*.

#### CORRESPONDENCE.

Letters of regret at inability to attend were received from Miss E. S. Haldane, LL.D., Miss M. A. Buckingham, Miss B. Cutler, Miss F. E. Marquardt, Miss E. Barton, and many other busy members of the Committee. Miss Buckingham wrote, "I consider that anything else than State registration for *Trained Nurses* will be useless, and sincerely hope that Lord Knutsford's endeavour to substitute the registration of training schools for that of trained nurses will come to nothing." Other members of the Committee wrote in the same sense. Letters were also received and considered from Miss A. C. Gibson, Miss E. L. C. Edén, Miss Norah Green, Miss E. C. Harvey, Mrs. Plattner, and Miss F. A. Underwood.

#### THE REGISTRATION OF TRAINING SCHOOLS.

The next business was to consider what action should be taken in reference to Lord Knutsford's endeavour to substitute the Registration of Training Schools, under the Board of Education, for the Registration of Trained Nurses.

The proposal was considered, and as it was agreed that like the Nurses' Directory Bill, it was merely another attempt to deprive trained nurses of legal status and powers of self-government, it was decided means should be taken to oppose it.

The provision to register training-schools is secured under sufficient safeguards in the Nurses' Registration Bill, and it is interesting to contrast the systems suggested by the Central Committee for the State Registration of Nurses which drafted the Bill, and those who oppose registration of Trained Nurses, as voiced by Lord Knutsford.

The two proposals are briefly as follows:—

#### NURSES' REGISTRATION BILL.

At the expiration of the three years' term of grace—during which time nurses in practice can be registered—any person may be registered, provided that such a person has had not less than three years' training, *under a definite curriculum prescribed by the Council*, and has passed such examination as the Council may prescribe.

The Bill therefore provides safeguards—

1. For efficiency of training, as defined by a professional authority.
2. For uniformity of examination (the one portal system, which has worked so satisfactorily in New Zealand, the United States of America, and in the case of the Midwives Act).
3. For investigating the capacity of the individual nurse upon whose knowledge and skill the comfort and recovery of individual patients may depend.

#### LORD KNUTSFORD'S PROPOSITION.

1. That the Board of Education, an unprofessional authority, shall recognise such hospitals as it chooses as training schools for nurses, "Because we see that the nurses they are turning out are good."

2. That every one of these hospitals with their varied standards shall have the right to give a certificate of a "recognised training school."

"Recognised," that is to say, by an unprofessional authority, which knows nothing of either the theory or practice of Nursing.

3. This system would therefore guarantee the nurse as efficient, as well as the school, upon a certificate gained without having submitted her knowledge or skill (or the lack of them) to the test imposed by a professional authority.

This subterfuge would indeed "lull the public into a sense of false security." The effect of the proposition would be to continue the present most unsatisfactory system, that each training-school is a law to itself, and to prevent what the anti-registrationists describe as "State interference." Trained nurses would not be accorded legal status, and would remain, as at present, the domestic servants of the committees which employ them.

What, in fact, Lord Knutsford and those who are associated with him are contending for is the uncontrolled and absolute domination of the training school, firstly over the education and economic value of its trainees, and secondly over trained nurses as independent wage earners in departments of work which the school takes no responsibility in providing. Such an egregious claim has never been seriously put forward in connection with the graduates of any other profession. The Society therefore decided to oppose, and fight determinedly, any such insidiously dangerous attempt to deprive members of the Nursing Profession of all personal responsibility, and consequent independence of action in the body politic.

#### APPLICATIONS FOR MEMBERSHIP.

The following applications for membership were considered, and the applicants elected:—

- 3576 Miss G. F. Evans, cert. Roy. United Hosp., Bath.
- 3577 Miss E. K. Wallis, cert. St. Bart's Hosp., E.C.
- 3578 Miss F. E. Ball, cert. Gen. Hosp., Nottingham.
- 3579 Miss E. M. Whitaker, cert. St. Bart's Hosp., E.C. (Matron Red Cross Hosp., Worsley Hall, Worsley).
- 3580 Miss E. Lloyd, cert. Roy. Free Hosp., W.C.
- 3581 Miss P. Gill, cert. St. Bart's Hosp., E.C.
- 3582 Miss E. M. Wood, cert. St. Thomas' Hosp., S.E.
- 3583 Miss J. Hoskins, cert. Taunton and Somerset Hosp., Taunton.
- 3584 Miss C. Stewart, cert. Taunton & Somerset Hosp., Taunton.
- 3585 Miss K. Harpham, cert. Sheffield Roy. Hosp.
- 3586 Miss A. H. Franklin, cert. Poplar & Stepney Sick Asylum.

- 3587 Miss M. T. Murphy, cert. Taunton & Somerset Hosp.  
 3588 Miss M. M. Chamney, cert. Roy, Victoria Hosp., Belfast (Sister in Charge of Auxiliary Military Hosp.).  
 3589 Miss M. Neville (Lady Supt. Manchester Children's Hosp., Pendlebury).

The meeting then terminated.

MARGARET BREAY,  
*Hon. Secretary.*

## CENTRAL COUNCIL FOR DISTRICT NURSING IN LONDON.

A meeting of the Central Council for District Nursing in London was held at the Conference Hall, at the Local Government Board Office, Whitehall, S.W., on Tuesday, July 20th. The Right Hon. Walter Long, M.P. (President of the Local Government Board), and the Right Hon. W. Hayes Fisher, M.P. (Parliamentary Secretary), were present, and addressed the Council.

Mr. Long, addressing the meeting, said that it gave him much pleasure to welcome the first business meeting of the Council which had been held since its inauguration two years ago. His immediate predecessors in office had taken great interest in the work done, and he should endeavour to follow in their steps, in order to further the work founded and organized.

One of the questions which it was proposed to discuss was the district nursing of measles—a disease which had proved much more serious than was realized some years ago—their prevalence, treatment, prevention and cure.

He rejoiced to see that the Council proposed to organize conferences, with a view to putting into operation a scheme for the nursing of cases of measles, and he respectfully urged that it should not only organize voluntary effort, but that it should co-ordinate all work with this object. He had been connected with Local Government, and with his own Department, long enough to know of one difficulty, the inevitable tendency to a feeling of jealousy between different bodies formed for the same purpose. But all had a common object, the improvement of the health of the people and the lessening of suffering. All, therefore, should be welcomed most heartily and all available help should be organized.

After referring to the preservation of child life as a most pressing problem at the present time, Mr. Long said that we did not want the population reduced by illness, and in this direction no field was likely to yield a better harvest than that of nursing. He remembered the nurses of fifty years ago, and had had experience of them of recent years; and the difference was extraordinary. With all deference to his distinguished friend, Sir William Collins, he thought that in nine cases of illness out of ten, recovery was due more to the nurse than the doctor—the constant,

watchful, trained and practised eye of the nurse, not only averted suffering, but serious danger. It was impossible to over-rate the importance of nursing in all its branches, and he was therefore particularly glad that it had fallen to his lot to welcome the Council there.

Mr. Hayes Fisher, M.P., then addressed the meeting, and said that his interest in nursing extended over twenty years, during which time he had watched over the fortunes of the Fulham and Hammersmith District Nursing Association. He referred to the grant of £1,000 made to the Council by the Trustees of the London Parochial Charities, with a further sum of £300 for the general purposes of the Council. The trustees spent their money well, but no £1,000 was better spent than that, and he hoped it would be a hardy annual, if it were not increased.

Sir William Collins then took the chair, and the business of the day was transacted.

The nomination by the National Union of Trained Nurses of Miss Joseph, in place of Miss Pye (resigned), was accepted.

The Chairman announced a donation of £100 from the Clothworkers' Company; and on the proposition of Sir Arthur Downes, seconded by Canon Craig, the Council recorded its thanks to the Worshipful Company of Clothworkers.

The report of the Executive Committee, of which Sir Arthur Downes is Chairman, was accepted.

The appointment of Sub-Committees on Constitution and Procedure, Organization, and Tuberculosis, was notified; and the report on District Nursing in relation to Measles, German Measles and Whooping Cough, and the need of nursing for cases of those diseases in poor homes was received. A resolution was also passed, expressing the grateful thanks of the Council to the Trustees of the London Parochial Charities for their grants above noted.

The London, County and Westminster Bank, 1, St. James' Square, S.W., was appointed Treasurer for the Central Council; and the appointment of a finance committee of five persons sanctioned, exclusive of the Hon. Officers. Sir Arthur Downes submitted the names of Mr. F. R. Anderton, Mr. Michael A. Green, and Mr. Waldron (Chairman of the Metropolitan Asylums Board); and as no other names were suggested, it was left to members of the Finance Committee to co-opt two other persons.

Amongst the new terms of reference to the Executive Committee were the following:—

"To inquire as to adequacy and efficiency of the provision of District Nursing, within the County of London, and to report thereon to the Council, making such recommendations as they may deem desirable, with a view to systematising and improving the arrangements for District Nursing in London, and to carry out any directions given by the Council."

"To consider and report as to the desirability of extending the work of the Central Council beyond the area of the County of London."

The meeting concluded with the usual votes of thanks.

It is regrettable that throughout the meeting no nurse opened her lips. We could have wished that a woman had been nominated on to the Finance Committee. Women always favour economy.

## NATIONAL UNION OF TRAINED NURSES.

We are asked to announce that the National Union of Trained Nurses, 39, Great Smith Street, Westminster, S.W., has posts for Matrons, Sisters, and Nurses, who must be fully trained, in military and civil hospitals in England. It also requires some French-speaking district and sanatorium nurses for France. The Union has on its books a number of nurses willing to take holiday work.

It is testimony to the widespread popularity of Miss Violetta Thurstan's book, "Field Hospital and Flying Column," published by Messrs. G. P. Putnam's Sons, that Messrs. Payot of Lausanne have asked permission to translate it into French.

### LECTURES.

Miss Thurstan can arrange to give the following lectures, if sufficient notice is given. Lantern slides will be provided, if required, but not the lantern.

1. *Red Cross Work in Belgium and Russia.*—About 35 slides taken from Miss Thurstan's own photographs, dealing with phases of the present war. It will be remembered that she has recently returned from seven months' nursing work at the Front. Her lectures have proved very attractive to people of all classes.

2. *The History of Nursing.*—About 35 slides dealing with different phases of nursing from the earliest times to the present day.

3. *Infant Care and Hygiene.*—About 25 slides suitable for Babies' Welcomes, Mothercraft Guilds, &c.

*Terms.*—(a) £1 is. per lecture and travelling expenses; (b) to N.U.T.N. Branches, 10s. 6d. per lecture, and travelling expenses.

The proceeds are devoted to the Central Fund of the N.U.T.N.

## APPOINTMENTS.

### MATRON.

St. Luke's Hospital Convalescent Home, "Helders," Gerrard's Cross, Bucks.—Miss Florence Wakeling has been appointed Matron. She was trained at Guy's Hospital, S.E., and has had experience in private nursing.

### SISTER.

West Bromwich and District Hospital, Staffs.—Miss Eva Pinfield has been appointed Sister. She was trained at the same institution, and has been Sister at the Ear and Throat Hospital,

Birmingham, has experience in private nursing, and in district nursing as Queen's Nurse at Walsall.

### CHARGE NURSE.

Newport (Monmouthshire) Union.—Miss Ada Anna Woodman has been appointed Charge Nurse. She was trained at the Stow Hill Infirmary, Newport.

Miss Ellen Jones has also been appointed Nurse in the same institution. She was trained at the Edmonton Infirmary, London; and has worked as a Maternity Nurse under the Tenterden Nursing Association; as Assistant Nurse under the Bridport Union; and as Head Nurse at the Union House, Ruthin, North Wales.

## QUEEN VICTORIA JUBILEE INSTITUTE.

### TRANSFERS AND APPOINTMENTS.

Miss Mary E. Clarke is appointed to Leamington, Miss Bertha Foulkes to Manchester (Salford), Miss Mabel Stocks to Hackney, Miss Kate Turner to West Malvern.

## WEDDING BELLS.

St. Saviour's Church, Raynes Park, was the scene of a pretty wedding on July 10th, when Mr. John Wilson Tonks, F.R.C.S., M.B., B.C., son of Mr. and Mrs. Samuel Tonks, of the Gables, Wednesbury, was married to Miss Ellinor May Evans, of the Registered Nurses' Society, London, youngest daughter of Mrs. A. M. Evans, of Gordon Terrace, Cardigan, and grand-daughter of the late Mr. William Wagner Mitchell, Town Clerk and solicitor, Cardigan. The Rev. W. Birkbeck, Vicar of St. Saviour's, performed the ceremony, assisted by the Rev. J. E. Jagger, Vicar of Merton. Mr. J. F. Mitchell acted as best man. The bride, who was given away by her mother, wore a charming dress of white voile over silk and a picturesque hat to match, with sprays of orange blossom, and was attended by two bridesmaids, Miss E. Finch (cousin), and Miss R. Tonks (sister of the bridegroom). Many beautiful presents were received.

A reception was afterwards held at 91, Durham Road, Wimbledon, by Mrs. A. M. Evans and her sister, Miss R. M. Mitchell; and later in the afternoon, Mr. and Mrs. J. W. Tonks left for their honeymoon in North Wales. Their future home will be at Staveley, near Chesterfield.

The bride was trained at University College Hospital, and has been a member of the staff of the Registered Nurses' Society for the last three years.

The marriage of Miss Rose Ann McCrorey Reid, of the Registered Nurses' Society, with Mr. Hartley Whiffin also took place in London on 10th inst. It was a War wedding, as Mr. Whiffin came over with the second Canadian Contingent, and expects shortly to go to the Front. Miss Reid was trained at the Wandsworth Infirmary, West Hill, Wandsworth.

## NURSING ECHOES.

The registration of nursing homes has for long been desired by trained nurses who realize the necessity for professional control, and for the employment of trained nurses of a recognized standard of efficiency. It is a question allied to, but distinct from, the registration of nurses. But the proposition for the registration of Lying-in and Nursing Homes, within the area of the jurisdiction of the London County Council, is assuming a very different aspect to that contemplated and desired by the nursing profession, and affords an illustration that if members of a profession do not take the initiative for securing legislation approved and defined by themselves, it may be promoted by others on lines prejudicial to their interests. Thus, under the London County Council (General Powers) Bill now before Parliament, legislation on professional lines is not contemplated, but is rather directed to the control of houses of bad character, and the onus of proof that they do not come into this category will tend to fall upon the proprietors of private nursing homes, carrying on the most highly skilled work under the direction of distinguished physicians and surgeons.

The provisions of the Bill, that officers of the London County Council shall have the right of entry and inspection, and "may make by-laws for the prevention of immorality in connection with the carrying on of establishments for nursing or special treatment, and as to the keeping and inspection of records in connection with such establishments," will, if carried into effect, unquestionably be prejudicial to the usefulness of good-class homes, and to the security which the public feel that on entering homes in professional hands their private affairs will be respected and treated as confidential.

If the powers asked for by the London County Council in this respect are transferred to the Borough Councils, the position will be far worse. Yet it is the strong opposition of the Borough Councils which is delaying the passing of the Bill. This was brought out plainly in the House of Lords on July 15th, when the Archbishop of Canterbury asked the Government whether they would afford early facilities for the passage of the Bill into law, and Earl Curzon stated that "the difficulty was that it was a private Bill, and that the proposals were opposed by a number of municipal authorities, who thought that instead of giving power of inspection to a central authority, their own powers with regard to the right of entry into brothels should be extended. Their case would

have to be heard before the Bill was passed." Could the professional homes be more greatly humiliated?

The Council of Queen Victoria's Jubilee Institute for Nurses met recently at the offices in Victoria Street, Westminster. It was reported that Queen Alexandra had appointed the Hon. Charles Rothschild and Mr. Laurence Currie as trustees of the Institute, in place of the late Lord Rothschild and the late Sir Fleetwood Edwards. Lady Wimborne had consented to act as President of the Irish Advisory Committee. Affiliation has been granted to four Associations—Ashfordby, Leicestershire; Littleborough, Lancashire; Preston Patrick, Enlmoor, and Crosscake, Westmorland; and Orpington, Kent. The long-service badge, denoting twenty-one years' service, was awarded to Nurse C. B. Fairley, of the Scottish Branch.

Much regret will be felt at the resignation of Mrs. Jeffers of the position of Secretary of the Irish Nurses' Association. This resignation will not take effect till the end of the summer. Everyone is so busy with war work, or so short-handed because of it, that it is difficult to find time for professional organization work. This pressure is as much felt in Dublin as elsewhere.

Miss Annie R. Creighton, a trained nurse and devoted worker in India, who was with us at Cologne, has, we regret to learn, been ill, but is now in Kashmir, where her health is improving. She writes that she has visited some of the hospitals, and finds they are very badly off for nurses. The mission hospital at Srinagar is general, so cannot take in young Indian women to train, and from the mission field hospitals generally comes an urgent call for more skilled nurses—and this at a time when thousands of women are professing patriotic devotion to the sick. Would that a few of them were inspired with the selfless nursing spirit which work amongst natives in our Eastern Empire demands—we should have greater faith in their protestations. "Wherever I go," writes Miss Creighton, "I speak of your JOURNAL. Some take it, all like it; as for myself, I feel something would be wanting in my life if I did not get it, so I thank you heartily for it."

The sad death of Mrs. Chatelier, Matron of the District Nurses' Home, Burnley, recently occurred from gas asphyxiation. Mrs. Chatelier had been suffering from severe pains in the head, and sleeplessness. A verdict of "Suicide while of unsound mind" was returned.



## THE JOURNAL OF THE INCORPORATED SOCIETY OF TRAINED MASSEUSES.

The Incorporated Society of Trained Masseuses (157, Great Portland Street, London, W.), has now embarked on the desirable if difficult task of publishing a monthly journal of its own; and in its first number, takes the professional course of printing the names of the members of the Journal Sub-Committee, with Miss Ethel Peile, as Chairman; Miss Agnes Emilie Keen, co-instructor in Massage to the National Institute for the Blind, and to St. Dunstan's Hostel for Blinded Soldiers and Sailors, Editor; and Miss Goldsmith, Sub-editor.

The Journal, we are glad to note, is beautifully printed on excellent paper and with absolutely straight columns, in a cover of a soft tone of grey, bearing the badge of the Society and its motto, "*Digna Sequens*" ("Following that which is worthy").

The Editor, in a leading article addressed "To Each Successful Candidate," urges her to become a member of the Society forthwith, and "pay one year's subscription to the Journal, and from henceforth do all that in you lies to uphold, uplift and laud our Society." And, again, "develop, not only the sense of logic, but the business sense as well, and pay your subscriptions promptly and regularly."

Another matter which the members are urged to ponder deeply and consider well is the legalization of the certificate. That, too, is good logic.

The chief item in the journal is a "Lecture on Nerve Injuries, especially with regard to the Wounded," and "Some Notes on the Work of the Almeric Paget Massage Corps," by L. M. R. Lastly, the result of the Society's May-June examination is published, with the list of 167 successful candidates who receive certificates. Of these, three passed with distinction—Miss Ethel Elisabeth Haskins, Miss Muriel Jessie Landseer Mackenzie, and Miss Louise Hannah Gugenheim.

We wish this latest addition to professional journals every success.

## TRUE TALES WITH A MORAL.

Young Medical Officer, to new V.A.D. probationer in General Hospital, Expeditionary Force, France: "Is the Matron here?"

Probationer: "No, she is not on my floor!"

## "LUBAFAX" SURGICAL LUBRICANT.

Messrs. Burroughs, Wellcome & Co. have introduced a preparation, with the title of "Lubafax" Surgical Lubricant, which should be known to nurses and midwives, as it is soluble, non-greasy, non-irritating, and antiseptic. The preparations of this firm are well known for their purity, efficiency, and daintiness, and for lubricating catheters, colon and rectal tubes, specula, sounds, and rectal and vaginal nozzles, and in obstetric work Lubafax will be found a most serviceable and useful antiseptic lubricant.

## OUTSIDE THE GATES.

### WOMEN.

Anyone passing along Piccadilly on the afternoon of Friday, July 16th, about three o'clock, might have seen a company of men in the picturesque blue uniform of the convalescent soldier alight at the door of the Lyceum Club, where they were received as the guests of honour of the day by the President, Lady Strachey, Mrs. Bedford Fenwick (Chairman), and other members of the Executive Committee. First cigars and cigarettes were thoroughly enjoyed while the guests made acquaintance with their hostesses, and then a man's tea was served at small tables in the dining-room overlooking the park, including sandwiches, lettuces, radishes, cakes and fruit, with strawberries and cream, and ices to follow.

After tea Lady Strachey, in a charming and eloquent speech, beginning, "Gentlemen, soldiers, friends," expressed to the guests the pleasure it was to receive them, and the honour, respect, admiration and affection in which they were held—men doing such glorious work, not only for ourselves and our homes now, but for the children of the present generation and for the future. She asked them to believe that day and night they were in the thoughts of their entertainers, and concluded by expressing the hope that they would all recover perfectly and live to an extreme old age in enjoyment of the veneration and regard they had so greatly earned.

A delightful musical programme arranged by Miss Marjorie Hamilton was then enjoyed. Amongst those who contributed to its success were Signora Elena Giraldi, from the Opera House at Milan, Miss Bateman Hunter, who caused much amusement by her song, "Which switch, Miss, is the right switch for Ipswich?" and the Club telephone boy, who gained a well-deserved encore.

But the principal event of the afternoon was the music of the Maori Chief, "Rangiuia"—poet and composer—and his daughter, Princess Takapuna, and the entrance of the Oriental procession to the strains of an Eastern chant was most impressive. The Boat Song, the Mother Song, Butterflies (the Dream Song), an old Legend (the Legend of Henemoa), and The Echo (illustrative of a Maori Chief in a New Zealand forest), delighted his audience.

We give the words of the Mother Song—composed by the Chief while in England and sent to his mother in New Zealand—but it is impossible to indicate the beauty and delicacy of both music and verse, with their haunting undercurrent of melancholy:—

"The thought of you comes to me, dear,  
Like a ray from the sun.  
I can do nought for weeping  
Till daylight be done.  
The half of a world lies between us,  
I am here, and alone,  
Yet love brings our spirits together  
In a world of our own."

Miss Hamilton's own recitation, "How Bill Adams Won the Battle of Waterloo," was inimitable of its kind, and then she announced a raffle, in which one would draw a prize, others blanks, and some numbers signifying cigarettes.

Lance-Corporal Denny drew the prize, a book, "In the Grip of the Wild Wa."

Then the guests took leave, expressing most courteous thanks to their hostesses, but as they were packed into their char-a-banc members of the Club assembled on the steps and heartily cheered them, to which the men most cordially responded.

The Lyceum Club are arranging a series of teas, but are somewhat disappointed to find that from many Military Hospitals the men are not permitted to accept the hospitality.

On Friday, July 23rd, the Belgian, French and Russian Circles are giving a tea to Belgian wounded, when Mme. Vandervelde will preside and recite, and when the programme will be arranged by Mme. Jeanne Fromont-Delune, with the help of her husband, the composer. On the 31st Miss Pullen-Burry is to entertain some of our sailors.

## BOOK OF THE WEEK.

### "JAFFERY."\*

"A fair-bearded, red-faced, blue-eyed, grinning giant got out of the train, and catching sight of us ran up and laid a couple of great sun-glazed hands on my shoulders.

"Hullo! hullo! hullo!" he shouted, and gripping Adrian in his turn, shouted it again. He made such an uproar that people stuck wondering heads out of the carriage windows."

Such is our introduction to Jaffery, and a very good idea we get of that inspiring person from the above paragraph.

Of matrimony he said: "I married? I tie myself to the stay strings of a flip of a thing in petticoats, whom I should have to swear to love, honour and obey—?"

Yet, before many pages are turned, we find him hopelessly infatuated with Doria, the promised wife of Adrian—"the precious finikin Adrian," who was supposed to have written an epoch-making novel, the manuscript of which he had in reality filched from a dead friend. On this fraudulent transaction, the interest of the story is hung. Doria worshipped her make-believe genius with a blind unreasoning devotion. Adrian's admirers naturally demand more books to follow "The Diamond Gate." His inability to produce, of course, places him in an impasse, to escape which he takes his life. Henceforth it was Jaffery's aim to conceal the truth from Doria. He collects the disjointed and hopeless manuscript found in Adrian's study, and himself weaves it into the second powerful romance bearing Adrian's name.

It will be readily imagined that this is a plot of sufficient interest and originality to hold the attention of the reader. In Mr. Locke's hands, it is irresistible and fascinating. There are many whimsical situations, such as the author both delights and excels in.

His being the trustee of two charming young widows is quite "Lockean." Besides Dorian there is Liosha, the beautiful primitive Albanian, whom our erratic Jaffery had befriended on his travels, and had brought home as naturally as if she had been a bale of goods.

The book is written in the first person by one Hilary—and he and his charming wife, Barbara, who are Jaffery's devoted friends, relieve him of his charge, Liosha. "When all this was settled, Jaffery pronounced himself the most care-free fellow alive. His hitherto grumpy and resentful attitude towards Liosha changed. She was eventually placed under the charge of Mrs. Considine, whose mission was to change this beautiful young savage into something a trifle more conventional. A few days afterwards Jaffery went off to sail a small boat with another lunatic in the Hebrides."

"Before August was out, Barbara, little Susan and I found ourselves alone.

"Now," said I. 'I can get through some work.'

"Now," said Barbara, 'we can run over to Dinard.' 'What?' I shouted. 'Dinard,' she said, softly. 'We definitely made up our minds,' I retorted, 'that we weren't going to leave this beautiful garden; you know I never change my mind; I'm not going away.' Barbara left the room, whistling a musical comedy air. We went to Dinard."

Such is "Jaffery." Read the book, if you would have the savour. H. H.

### VERSE.

I'm happiest now when most away  
I can tear my soul from its mould of clay,  
On a windy night when the moon is bright  
And my eye can wander through worlds of light.

When I am not, and none beside,  
Nor earth, nor sea, nor cloudless sky,  
But only spirit wandering wide  
Through infinite immensity.

—Emily Brontë.

### COMING EVENTS.

July 23rd.—Clapham Maternity Hospital, Jelfreys Road, S.W.: Annual Meeting and Opening of New Building; Her Royal Highness the Duchess of Vendôme presiding; 3.30 p.m. Tea, 4.45 p.m.

### WORD FOR THE WEEK.

"Never lose an occasion; opportunities are more powerful than conquerors or prophets."

—Benjamin Disraeli.

\*By William J. Locke. London: John Lane.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## REGISTRATION STANDS FOR EFFICIENCY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—“A Manchester Nurse” in this week's number voices the feelings and expresses the gratitude to you for your courageous stand in our defence, that for various reasons we do not express for ourselves on State Registration, which is so earnestly opposed by those to whose interest it is to employ partly trained nurses and unskilled amateurs.

Until now British trained nurses have been grateful that there has been no Royal example of amateur nursing. Now, alas, the Press reports that a Princess of the Royal House is for the period of four weeks taking a course of training, chiefly in the dressing of wounds. Four hours a day, for four weeks! At the end of that time “It is expected that her instruction in the dressing of wounds will be complete.” Well, after eight years' work in hospital my instruction in the dressing of wounds proceeds apace.

I should be glad to hear if any of your readers tried the treatment of septic wounds described under the heading of “Lymph lavage” in your number of June 12th, and if so what results they had. It has been tried here, and has answered splendidly in cases where boracic fomentations failed to release the pus. After two days' dressing, twice daily, with hyd. perchlor. and glycerine, as there recommended, the discharge was copious and less offensive, the wound cleaned up, and the swelling subsided, the limb becoming almost its normal size. Also a solution of mag. sulph. one in two is used here very freely for fomentations. On several occasions bad diarrhoea has seemed to result. Is it possible that the mag. sulph. could be absorbed to such an extent? Doctors I have asked say “No,” and of course it may be coincidence, the diarrhoea being the outcome of sepsis or some other irritating cause, but in at least two cases the diarrhoea has stopped within twelve hours of the fomentation being discontinued, and in one case it recommenced on the mag. sulph. being re-applied. I should like to hear other nurses' experience of this dressing.

Believe me, Dear Madam,

Yours truly,

M. S. WINTERS.

Royal Infirmary, Sunderland.

## FAIR PLAY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Will you kindly send me a copy of the Bill for State Registration of Trained Nurses? Will you also send me particulars of

membership? I am desirous of joining on account of Miss Sparshott's, to me, unfair remarks on the thirteenth annual report, which speaks of the confusion “at the outbreak of war.” Miss Sparshott answers in the present tense. It appears to me that the order which has arisen out of the chaos is largely the result of repeated representations from our trained nurses. Had there been a State Register that chaos, as you say, need not have existed. I do think Matrons of present training schools are inadequately represented on the Council.

Yours truly,  
SISTER TERRITORIAL HOSPITAL.

[The correspondence in the *Manchester Courier* has brought us a number of interesting letters.

The facts of the case are that the War Office, in time of peace, empowered the Red Cross Society to provide voluntary nursing help, and as experienced trained nurses were persistently excluded from its organising committees, no provision of any sort was made for securing a roll of trained nurses willing to volunteer for active service. The selection of these nurses had to be hastily made *after* war was declared, and we repeat, chaos was the result.

With regard to the representation of Matrons of training schools on the General Nursing Council, provided in the Nurses' Representation Bill, the eight nurse representatives may all be *Matrons in practice if their fellow Matrons and nurses elect them*. Thus Matrons who are in sympathy with professional progress and organisation in whom the registered nurses had confidence, would be elected, and those who have in season and out of season opposed every demand of the rank and file might not be. These reactionary women would not be likely to alter their policy if by nomination seats were secured to them.—ED.]

## FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps service in France can be interviewed by arrangement with the Hon. Secretary, 60, Nevill Square, Earl's Court, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Monday, July 26th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' training. Experience in fever nursing is an additional advantage.

## OUR PRIZE COMPETITIONS.

July 31st.—Name two communicable diseases, and state the manner in which the infection is carried.

August 7th.—State what you know about the iodine treatment of diphtheria.

## OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

# The Midwife.

## QUEEN CHARLOTTE'S HOSPITAL.

The Committee of Management, in their Report presented to the Governors at a meeting held at the hospital on July 13th, and adopted by them, stated that not only has the work of the hospital been well maintained during the present year, but that there has been a very considerable increase in the number of patients admitted to the wards and in the number attended and nursed in their own homes. This increase is in great measure due to the decision of the Committee to extend the benefits of the hospital to the wives of our soldiers and sailors.

These arrangements were communicated to and met with the cordial approval and appreciation of Their Majesties the Queen and Queen Alexandra.

The Committee also received expressions of gratitude for the valuable help thus offered from the various branches of the Soldiers' and Sailors' Families Association and others.

The number of patients admitted to the wards during the six months ending June 30th was 983 as compared with 880 in the corresponding period of 1914, an increase of 103; and 1,174 women were attended and nursed in their own homes, as compared with 969 in the six months of 1914, an increase of 205.

From the outbreak of war in August last until the end of June, orders of admission have been issued to 340 wives of soldiers and sailors and to 20 Belgian and other Refugees; and orders for attendance by the hospital midwives and nurses in their own homes have been issued to 580 other wives of soldiers and sailors.

Out of this large number there was only one death.

The work has been much helped by two kind friends who fitted up houses as convalescent homes for the wives of soldiers and sailors at Woodford and Gerrard's Cross.

While this pressure has entailed much extra work on the medical, nursing and other staff of the hospital, which has been somewhat depleted in consequence of the War, it has been cheerfully borne by all concerned; and the Committee state they cannot speak too highly of the readiness shown by all in the service of the hospital to meet the exceptional circumstances.

The only difficulty has been that of ways and means, and this is considerable. The continued rise in prices of food, drugs and disinfectants, dressings, and, in fact, of nearly every article needed for hospital use has added largely to the cost of maintenance; and the total expenditure for the year will probably be quite £2,000 in excess of last year. Many articles of food, such as meat and milk, are 50 per cent. dearer than they were a year ago, and the Committee feel considerable anxiety as to the future. They

earnestly trust that increased support will be forthcoming to enable them to meet the increased expenditure.

In the Annual Report reference was made to the decision as to the reorganization of the Out-Patient Districts, under which the work of the District Midwives would be limited to the hospital work alone. This involved the provision by the hospital of District Homes for the accommodation of the midwives and pupils. One of these was opened at Kilburn in August last, and another has just been opened in North Kensington. The third and last is the one in Harcourt Street, which is now in course of preparation; and to which, when ready, the work of the Marylebone and Paddington Districts will be transferred. Two houses belonging to and adjoining the hospital are being adapted for the purposes of this District Home, and they will shortly be ready for occupation. The scheme will then be complete, and the work of this Department will be placed on a much more satisfactory basis, and the accommodation for the District Pupils will be considerably improved.

These improvements, which the Committee of Management considered necessary for the proper working of the districts, and which they felt should not be delayed, have involved a certain amount of capital expenditure for alterations and furnishing, and it is hoped that funds may be specially subscribed to meet the expenditure.

The difficulty of providing for the maintenance of the hospital will, it is feared, increase rather than decrease during the coming months. Every effort has been made to ensure economy in all departments, and expenditure has been kept down as much as possible. Nevertheless a considerable increase is bound to occur, and the Committee earnestly appeal for additional support to enable them to continue the benefits of the hospital to the large number of patients who will assuredly need its help.

We feel sure that, even in war time, the wealthy districts of Marylebone and Paddington can find the additional funds necessary for the maintenance of this most important charity, more especially as it is doing such good work for the wives of our sailors and soldiers, and for the Belgian Refugees.

## THE CLAPHAM MATERNITY HOSPITAL.

The Twenty-sixth Annual Meeting of the Clapham Maternity Hospital, Jeffreys Road, S.W., and the opening of the new building takes place on Friday, July 23rd, at 3.30 p.m. Her Royal Highness the Duchess of Vendôme has graciously consented to preside, and the speakers will include Mrs. Garrett Fawcett, LL.D., Dr. Isabella Macdonald, Lady White, Dr. Caroline Sturge, and Dr. Annie McCall.



## THE CENTRAL MIDWIVES BOARD.

A special meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Tuesday, July 20th, Sir Francis Champneys presiding, to consider the charges against fourteen certified midwives, with the following results:—

*Struck off the Roll and Certificate Cancelled.*—Midwives Jeromina Baker (No. 14455), Sarah Ann Bennison (No. 8336), Hannah Brown (No. 19802), Elizabeth Cooke (No. 15498, Q.C.H. Cert.), Leah Dunn (No. 15699), Bridget Ann Fallowfield (No. 19304), Annie Richards (No. 3636), Mary Sivill (No. 578), Emily Wakefield (No. 3133), Alice Whatmough (No. 13611).

*Report Asked for in Three and Six Months' Time.*—Midwife Mary Collins (No. 1554).

*Report Asked for in Three Months' Time.*—Midwife Charlotte Major (No. 41223, C.M.B. Cert.).

*Judgment Adjourned.*—Louisa Alice White (No. 34333, C.M.B. Cert.).

In one instance the Board considered the case not proved, and no action was taken.

A final report on Betty Smeatham (No. 11921) was received; as it was satisfactory, no action was taken.

Interim reports on four other midwives were received, three were struck off the Roll, and in the case of the fourth her report being satisfactory no action was taken.

A curious feature in the case of Charlotte Major was that, although she obtained her C.M.B. certificate only last year, the inspector reported her as being unable to take pulse or temperature. Her records of pulses showed a uniform of 60, and her explanation of this to the inspector was that she did not allow the pulse to go over this rate. The midwife, however, attended and successfully recorded the Chairman's pulse and read the thermometer correctly.

## THE STATE AND MATERNITY CENTRES.

By agreement between the Local Government Board and the Board of Education a joint scheme has been arranged under which grants will be given in aid of maternity centres and of schools for mothers. Grants are now paid by both Government departments in aid of schools for mothers, baby clinics and dispensaries, and maternity centres, which aim at promoting the health of mothers and little children not registered in day nurseries, nursery schools, or public elementary schools. The following arrangements have now been adopted with the approval of the Treasury, to take effect from April 1st of the present year:—

1. The Local Government Board will pay grants in respect of approved institutions or agencies provided by a sanitary authority (or county council acting through its public health committee) or for the work of which a sanitary authority (or county council) takes entire financial responsibility. These

grants to institutions will be made under the general heading of grants for maternity centres.

2. The Board of Education will pay grants in respect of schools for mothers as defined in Article 2 of their Regulations for the year 1914-15, subject to the following qualifications: (a) That an institution will not be recognised as a school for mothers unless collective instruction by means of systematic classes forms an integral part of its work; (b) that grant will only be paid in respect of "infant consultations" which are provided for women attending a school for mothers; (c) that grant will only be paid in respect of expenditure on "home visiting" of children registered at a school for mothers if neither the sanitary authority nor county council undertake to arrange for such visiting; (d) the fact that a school for mothers receives a grant or assistance from a sanitary authority (or a county council) or its officers will not disqualify it from receiving a grant from the Board of Education.

3. The Local Government Board will pay grants in respect of voluntary infant consultations which are not aided by the Board of Education as schools for mothers, only if they are directly connected with the work of a sanitary authority (or a county council).

As a rule State aid to a single institution or agency will be given by one department only, regard being had to the predominant character of the institution or agency, but joint aid in exceptional cases is not precluded.

## NATIONAL HEALTH INSURANCE.

A Conference of the Directors of the Aberdeen Maternity Hospital and representatives of Approved Societies under the National Health Insurance Act, convened by the Scottish Health Insurance Commissioners, was held at the Town Hall, Aberdeen, on Thursday, July 15th. Dr. McVail, Vice-President of the Commission, presided, and in the course of his opening remarks said that when the Insurance Act was passed it came into touch with many spheres of public interest, and public activity, and many interests felt they might be injuriously affected by the Act. Some of the fears in regard to maternity hospitals had now been dissipated, but there were still points open for consideration. Under the Act it was possible for a Maternity Hospital to make agreements with the approved societies as to the portion of the medical benefits that should go to the hospitals and the portion that should go to the insured person. It was understood that the societies were taking a very reasonable view of their duties to the hospitals, but he believed that even in Aberdeen there was room for improvement. He thought there was a need for a uniform arrangement between the hospitals and the societies.

A similar meeting, at which Dr. McVail also presided, was held in Dundee on July 16th. At both resolutions were passed urging that a Midwives Bill for Scotland should be passed at the earliest opportunity.

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

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Vol. LV.

## EDITORIAL.

### THE MISUSE OF PROFESSIONAL UNIFORM.

Trained nurses have for many years complained of the abuse of their professional uniform by all kinds of persons not entitled to wear it. It has figured in the dock when prisoners have been tried on charges varying from theft, bigamy, and abortion, to murder. It has been worn by pedlars on the public market place, by vendors of soap and patent medicines, by employees of houses of ill-fame. Still the abuse goes on unchecked, in spite of appeals to Cabinet Ministers, and the publicity given in the press.

But the case is far different when the uniform is that of the Voluntary Aid Detachments. On the suspicion of this being worn by persons not entitled to it, the majesty of the law is invoked, and its machinery put in motion. We do not complain of the members of these Detachments desiring to protect the uniform to which they are entitled. At the same time what about their wholesale adoption of the indoor uniform of the trained nurse when engaged in occupations other than nursing, such as those of cooks, kitchen maids, laundry maids, hall-porters, &c.

The flagrant misuse of this uniform by Voluntary Aid Detachment members, and by society ladies posing as nurses, is testified to by the illustrated press, and the Government, War Office, and Scotland Yard have looked on unmoved.

An incident which occurred at a recent meeting of the Hull Watch Committee is therefore instructive. Mrs. Hatfield, of the Hull Guild of Help, was present at this meeting and took part in a discussion arising out of a letter which she had addressed to the committee, in which she complained that two police officers on two occasions came to the front and back door of her

house, and their actions had caused her husband and herself to be treated by some persons as suspected felons. Finally, when they secured an interview with her on June 21st, they told her they had been told to enquire where she had obtained the "nurse's uniform and badge she was wearing, and whether she had passed any examinations which entitled her to wear the uniform." The letter further stated that she had passed with honours the highest possible examination, and if this and other persecutions went on she would place the matter in the hands of the Public Prosecutor.

The Assistant Commissioner of the Northern District of the St. John Ambulance Brigade, the Chief Constable, and the Superintendent and constables concerned in the case were present. The Chairman of the Committee warned Mrs. Hatfield that a prosecution might take place, and anything she said might be taken down and used in evidence against her. The Chief Constable said that the allegation against Mrs. Hatfield was that she was wearing a Voluntary Aid Detachment Badge, and that she was not a member of a Voluntary Aid Detachment. These Detachments were at present a part of the Territorial Force organization, and the badge was authorized by the Army Council. Consequently any person wearing that Badge without authority was committing an offence under the Defence of the Realm Regulations, and could be prosecuted for it.

Mrs. Hatfield said she was prepared to meet this allegation.

As this case is now under consideration it would manifestly be improper for us to comment upon it. The point to which we wish to draw attention is that it is possible to devise means for the protection of a uniform worn by many persons who are socially influential, and the consequent injustice of the lack of regulation concerning that of the trained nurse.

## OUR PRIZE COMPETITION.

### NAME TWO COMMUNICABLE DISEASES, AND STATE THE MANNER IN WHICH INFECTION IS CARRIED.

We have pleasure in awarding the prize this week to Miss A. B. Owen, The Nurses' Home, St. Bartholomew's Hospital, E.C.

#### PRIZE PAPER.

1. TYPHOID FEVER is a communicable disease caused by the bacillus typhosus.

All insanitary conditions in respect of drainage of houses and localities furnish the most ready means for the spread of the contagion of typhoid fever.

The most certain means of preventing its appearance or checking its spread are those which provide a thoroughly secure drainage, a safe method of disposal of sewage, and a pure and abundant water supply.

Occasionally it breaks out in epidemic form, and this generally happens when people are crowded together and obliged to live under unhealthy conditions. This is particularly the case with armies in time of war, and the ravages of enteric fever among our own troops in the South African War are fresh in the memory of all.

Typhoid fever is not directly infectious; it can be nursed in a general ward with ordinary care. In almost all cases, the spread of typhoid fever depends upon food or drink contaminated by a bacillus which is derived more or less directly from the discharge of previous typhoid cases.

It is infective through the excreta—*i.e.*, through the faeces and urine—and this may lead to infection in the following ways:—

(a) Drying on linen, sheets, &c., when it may be converted into dust.

(b) The soiling of nurses' and doctors' hands.

(c) The pollutions of the typhoid patient infecting subsoil water.

(d) The infection of milk through the soiled hands of an unrecognised typhoid case, or through milkcans being washed with water which has been contaminated by typhoid excretions.

(e) Typhoid carriers—*i.e.*, patients who have recovered from typhoid fever, but who may nevertheless convey infection through the excreta.

During an epidemic it can be understood that flies may form a means of contamination between uncovered stools and uncovered food. The bacillus resides in the stools and urine of typhoid patients, and when these decompose, it seems to multiply and to acquire increased virulence.

It must be remembered that any possible danger from either milk or water may be removed by boiling, and, if they are not quite above suspicion, this should always be done, for the germs are quickly killed by exposure to a high temperature.

*Predisposing Causes.*—(1) It is more common amongst the young, occurring between the ages of fifteen and twenty-five. It attacks the well-to-do as frequently as the poor. (2) It is most prevalent in autumn. Other predisposing causes are fatigue, overwork, and night nursing.

2. SMALLPOX is a communicable disease caused by a micro-organism of the class called proto-zoon. Few diseases have been so destructive to human life as smallpox. It is regarded with horror, not only from its fatality, its loathsome accompaniments and disfiguring effects, but also from the fact that no age or condition of life are exempt from liability to its occurrence.

Smallpox is more intensely infectious than any other disease known in this country and, in the absence of vaccination, is one of the most fatal.

It may be communicated either during life or after death, and can be conveyed by bedding and clothes or anything that has been in contact with a smallpox patient.

The atmosphere around a smallpox patient is charged with the products of the disease, which likewise cling tenaciously to clothing, furniture, &c.

A person simply entering the room in which a smallpox patient is ill is liable to contract the disease.

The germ enters the body by the respiratory tract.

This disease is probably communicable from its earliest manifestations and onwards to its close, the most infectious period extending from the appearance of the eruption until the drying up of the pustules. It is conveyed for a considerable distance through the air, and it has been shown that people living in the immediate neighbourhood of smallpox hospitals are exposed to considerable risks.

Overcrowding and all insanitary surroundings favour the spread of smallpox where it has broken out.

The most influential condition of all is the amount of protection afforded to a community by a previous attack, and especially in the present day by vaccination. This protection, although effectual for a certain period, tends to become exhausted, unless renewed. This explains the fact that during epidemics the most severe cases occur at the commencement,

those least protected being most liable to be first and most seriously attacked.

In epidemic times it is most prevalent during the cold months of the year, and during the summer rapidly diminishes.

In previous times smallpox was as widespread as measles is now; there was no way of preventing it, and probably few people escaped.

Fortunately, the disease has steadily diminished in frequency, and there is no doubt that if vaccination and re-vaccination could be universally enforced, it might be stamped out entirely.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss L. Tomlinson, Miss M. J. Butter, Miss V. A. E. Snowden, Miss H. Ballard, Miss E. A. Nohlett, Miss Linda M. Smith, Miss L. J. Thompson, Miss M. James, Miss B. Macdougall.

#### QUESTION FOR NEXT WEEK.

State what you know about the iodine treatment of diphtheria.

### DISTRICT NURSING IN RELATION TO MEASLES AND WHOOPING COUGH.

We last week published an account of the proceedings of the meeting of the Central Council for District Nursing in London, held at the Office of the Local Government Board.

#### REPORT OF CENTRAL COUNCIL.

The report presented by the Executive Committee stated in part that the Committee, in pursuance of the duties conferred upon them by their reference, addressed themselves to a consideration of the present provision for district nursing in London, with a view to ascertain in what districts, and in what classes of illness, there was such inadequacy, or inefficiency, of home nursing for the sick poor as might justify the Committee in taking steps with a view to remedying any defects which should on enquiry be disclosed.

While the Committee was engaged in investigating the provision for district nursing in different areas within the County, their attention was arrested by the special need which appeared to prevail throughout the Metropolis for more effective care of children suffering from measles and whooping-cough.

The Committee have carefully considered the prevalence and mortality from measles and whooping-cough in London at the present time; the practicability of securing more efficient nursing of children suffering from these dis-

eases, especially in the poorer homes of London; the objections which have hitherto precluded District Nursing Associations from dealing with these diseases; and the probable effect upon the case-mortality and complications of these diseases of more effective nursing. After detailing the information they have collected, the Committee conclude with certain recommendations, which they submit to the Council for adoption.

In the five years 1905-09 measles alone caused in London 9,301 deaths, while all the infectious diseases ordinarily notifiable (smallpox, scarlet fever, diphtheria, enteric fever, &c.) caused but 8,385 deaths. In the epidemic year 1911 there were 2,570 deaths from measles in London, and 1,038 from whooping-cough. These are almost entirely deaths of little children. Of 2,361 deaths from measles in London in 1909, only 123 were of persons over five years of age; 1,926 were of children under three years.

Since the decade 1851-60 there appears to have been a shifting of the mortality of measles on towards the first two years of life; the death toll of the disease has been increasingly heavy on this tender age, while the death-rate of elder children from the same cause has continued to decrease. Of 1,247 first cases in families in Willesden, only 175 were not attending any school; and in Finsbury it was found that 71 per cent. of the very young children at home were infected by brothers or sisters from the infant school.

The importance of this will appear later on in considering how early knowledge of the cases may best be obtained, and the trained nurse brought into touch with the patient as soon as possible.

Measles has hitherto resisted the efforts made for its prevention or for the reduction of its case-mortality, and has not shown the continuous decline in its death-rate which has marked the other current infectious diseases of this country. This lack of success is attributed to the extremely infectious character of measles in its initial stage, and "much of the mortality owes its origin to the common impression that this disease may safely be treated by the mother alone." The vast majority of the sufferers from measles must of necessity be nursed at home, and where the home conditions are favourable the patient may best be treated there. Institutional accommodation for these diseases is not only limited; it is beset by difficulties of classification and risks of cross-infection which must be taken seriously into account, but from which home treatment is



comparatively free. . . . The value of careful home treatment from the onset of the disease and of the early assistance of a trained nurse is generally recognised. It is thus hoped to anticipate and prevent the complications which form so serious a menace, and the economy of this prevention would be incalculable.

Until recently there has been some difference of practice among the district nursing associations as to attendance upon measles and other infectious diseases. Some associations forbid their nurses to attend such cases except by special permission, and it has happened that the services of district nurses could not be obtained by reason of restrictions laid down in their rules. On this the Committee have had the advantage of the advice of Dr. Foord Caiger, whose long experience as medical superintendent of the South-Western Fever Hospital entitles him to speak with special authority. Dr. Caiger sees no reason why district nurses should not deal with cases of measles or whooping-cough in the ordinary course of their duties, if they are reasonably careful in taking precautions. The Committee are indebted to him for a code of simple rules, which they commend to the consideration of District Nursing Associations generally.

Dr. Rundle, of the Liverpool Institution at Fazakerley, writes:—

My experience here has satisfied me quite positively that one who nurses any of the three diseases named (measles, German measles, and whooping-cough) is not on that account a danger to her fellow-workers or to her other patients, but there is a public sentiment to consider which is critical. My nurses here have been in the habit of dealing with measles, whooping-cough, and rubella, together with other diseases in one ward. In a recent communication to the Royal Society of Medicine we quoted many hundreds (now amounting to two or three thousands) of mixed cases treated in one or more wards, where the only measures taken to restrict the spread of infections were those of nursing asepsis. It is quite clear that nurses in attendance are in no way *ipso facto* a danger to third persons.

Dr. Biernacki, of the Plaistow Hospital, says:—

Looking to the slight tendency of measles to spread indirectly, visiting nurses have an excellent chance of averting transference if proper precautions are taken . . . and, on the whole, the chance that visiting nurses, or contaminated articles carried by them, might transmit whooping-cough, seems as small as in the case of measles.

The Committee therefore advise that, given suitable training and special instruction, district nurses, acting as they do under rule and supervision, may safely be trusted to undertake

the nursing of these diseases in the course of their ordinary work.

It is, of course, difficult to furnish any definite estimate of the cost of nursing cases in their homes during a measles epidemic; so much depends on the circumstances. According to an analysis of the Paddington notifications at the height of the recent epidemic about 40 per cent. of the patients were children under three years of age, and such would presumably need more attention, both by the nurse and in the intervals of her visits. It has been suggested that when there is no relative to act under the nurse's directions, a tentative use might be made of "home-helps," or similar assistance of a domestic kind. This, of course, would, if successful, extend the scope of the nurse's round. The ordinary "home-help" could probably not be trusted to take precautions with regard to infection, and her services would accordingly have to be restricted to particular cases. But as home conditions so greatly affect the chances of recovery, it would probably be useful to make arrangements of the kind to help with the housework in cases where the mother was laid up or was herself occupied in tending the children. Some such organisation would seem to be a necessary adjunct to district nursing generally. The work of nursing measles may fairly be expected to be lighter in proportion to the earliness of the nurse's arrival on the scene, and the consequent prevention of the dangerous and tedious complications which follow on initial neglect.

#### RULES TO BE OBSERVED WHEN NURSING CASES OF MEASLES AND WHOOPING-COUGH.

N.B.—In these diseases the infection is conveyed by the breath and by the mucous secretions, and discharges from the patient's mouth and nose. Great care must therefore be taken as to the disposal of everything contaminated with them.

A separate apron or linen overall must be worn when attending a case of infectious disease. This should be kept at the patient's home, and put on by the nurse immediately on entering the room, the sleeves of her uniform, when not detachable, having previously been turned up.

When possible, any feeding vessel, cup, spoon, or fork used by the patient should be kept for his own separate use. If this is impracticable, the article should be boiled after use by the patient.

All pieces of lint, rag, or cottonwool used as swabs for wiping up or receiving discharges from the mouth, nose, eyes, or ears must either be at once burned or placed in a dressing tray,

or on a piece of paper, until its destruction can be effected. Damp swabs are preferable to dry, and should be wrung out in a disinfectant solution. Pocket-handkerchiefs, if used at all, must be boiled or steeped in a disinfectant solution before being washed.

As far as possible, avoid bringing into close proximity to the patient any articles in your equipment not actually required.

The overall, after being taken off, should be so folded as to avoid exposure of the inside lining, and hung up in the room at some distance from the patient. The nurse should then thoroughly wash her hands with soap and water, to which some of the disinfectant has been previously added.

N.B.—By the conscientious observation of the foregoing details, and of the principles underlying them, a nurse can reduce to a minimum the risk of conveying infection to her other patients.

#### HOME HELPS.

"Home Helps" are women having an adequate knowledge of domestic matters, who work under the direction of a Supervisor in connection with Health Agencies, District and Maternity Nurses, Infant Welfare Centres, and Schools for Mothers, or other local Agencies.

The special function of the Home Help is to render such services in the homes of the poor as would ordinarily be the duty of the mother of the family, to safeguard the home and the children, to assist in the care of aged or infirm persons, and generally to act under the supervision of the nurse, or other authorized agent dealing with the case.

#### SOLDIERS SUFFERING FROM NERVOUS SHOCK.

In the House of Lords on Monday the Earl of Lytton asked for information as to the hospital treatment of soldiers who have lost their reason through nervous shock.

Lord Newton said that "uncertifiables" were treated in the neurological sections of the military hospitals, of which there were twenty-three throughout the country. In addition, accommodation was available at two institutions which were formerly responsible to the Lunacy Board of Control. Neurological cases were divided into four classes—(1) cases of nerve injuries caused by wounds; (2) cases of men who were quite insane; (3) cases of a minor character; and (4) cases of epilepsy. There was special treatment in each of these cases. The War Office had no intention whatever of treating these unfortunate men as ordinary lunatics.

## THE SAN FRANCISCO CONFERENCE.

### ADDRESS

By Miss CLARA D. NOYES, R.N.,  
*President, National League of Nursing Education.*

By the swift but sure flight of time, 1915 has arrived—a date destined to be weighted with deep significance to the entire world, and to which our nursing organizations—National and International—had looked forward with eager anticipation. We have come with a definite desire to see and to learn, for California has long been held like "Apples of gold in pictures of silver" in our imagination.

Our pleasure, nevertheless, is tinged with sadness and regret, for we had expected to meet with us at the International Congress of Nurses our sisters from foreign lands. Some of these sisters even now as I, in this peaceful land write, together with many of our own members under the banner of the Red Cross, are nursing the sick and wounded soldiers, and lending aid and assistance to the stricken people in a land laid waste by the most cruel and devastating war the world has ever known.

We, who teach our pupil nurses that all life, even when apparently the most degraded or the most fragile, is worthy of our most tender and sympathetic care, lest in that life the spark of some great and brilliant intellect may already be burning, cannot view this wholesale slaughter, even from a distance, without great anguish of mind. We are particularly sympathetic with our English sister nurses, for not only have they met with defeat year after year in their effort to secure proper registration laws, with the hope of correcting some of the crippling conditions existing in that country, but they have been further humiliated and belittled by seeing the unskilled and untrained lay worker from all grades of society quite generally made responsible for the nursing of the sick soldier in the present conflict.

We, who have viewed this extraordinary situation from afar, have rubbed our eyes and wondered if we have been sleeping and had dreamed that a Florence Nightingale some fifty years ago had risen to the rescue of the English soldier, and subsequently laid the foundation of modern nursing.

Let us not be too complacent, however, for although we are grateful for our splendid nursing organizations, our unity and solidarity, our registration laws—weak and feeble as some of them may be—our Red Cross Nursing Service, our Army and Navy Nurse Corps, our Department of Nursing and Health at

Teachers' College, and lastly, but always first, our schools of nursing and the recognition and respect that is universally granted to the graduate from such, we know not how well our unity would stand should it be subjected to similar pressure.

Far away from the field of action as we are, and without the same compelling and disorganizing excuse, we have seen the term "Nurse" and the duties of such assumed by American women of all ages and social standing, both in the past and at the present time. Nay, more: during the present conflict they have pressed to the front, and, with much ostentation and newspaper notoriety, have proclaimed themselves as war nurses.

We, who are interested in the larger schools of nursing, have been besieged by young women, with strong social backing and evidence of medical support, hardly out of their teens, who wanted a few weeks in our wards and dispensaries, in order, as one said, "to get an idea of how a ward was conducted," but, above all things, "to learn bandaging." One would think that all the secrets of nursing lay tightly wound in a roller bandage. Far be it from any of us to discourage or belittle the effort of the lay woman in whatever legitimate way she may at such a time elect. Such desire should be fostered and encouraged, but we should stand firmly against the assumption by any untrained lay person of the title, uniform, or professional duties of the properly prepared nurse. Through the protection of our schools, our professional rights and duties, we protect the community, both in peace and war, from charlatanism and quackery. Are we, as a profession, sufficiently unified to accomplish this?

This can best be answered by a careful analysis of the foundations upon which our schools of nursing are resting, for upon the school the future of our beloved profession is depending. Unendowed, dependent upon the hospital with which they are connected for support, they cannot be considered as true educational institutions, for it is a well-known fact that all such require money in order to live. Indeed, some of those on Boards of Control of hospitals unhesitatingly say that the school for nurses is only a department of the hospital, like the laundry, and its head a "paid employee," responsible solely for the nursing care of the patient. They seem to fail utterly in comprehending the dual obligation, not only that to the patient, but to the pupil and her future. Important as the pupil may be to the hospital, she is, apparently, far more important to the public as a graduate. Never in the history of nursing has the demand for highly educated

and carefully prepared women for the widening field of nursing been so insistent and so persistent.

We view the situation in England with almost sympathetic condescension. Are we justified in so doing? Sum up the evidence presented on all sides. Study the campaign in New York State for the last three years, two of which were spent in trying to secure an amendment to the Nurse Practice Act, to restrict the use of the word "nurse," when used for the care of the sick, to those properly qualified, and the third and last to bring all schools giving a diploma as a nurse under the Department of Education—a requirement extended to all other types of schools, even chiropody. Study laws existing in other States; in one, no practical examinations are held because it is not "constitutional for a woman to hold office," the Board of Examiners being doctors; therefore no practical examinations are given. Could we not do something to bring about greater uniformity, and at least establish minimum entrance requirements, and thus maintain proper standards of education if our unity and solidarity is as sincere and substantial as it seems? Do we not sometimes even now hear an occasional nurse say, "What has registration done for me?"

Friends and Members, this is not the moment for any one of us to ask these questions. It is the moment for work, individually and collectively. We must work for our schools and suitable endowment for such, our standards of education and professional work, our organizations, proper laws of control and licensure, our position and professional recognition, and, above all, we must educate ourselves to believe in the dignity of our calling. Nothing ever gains the respect of the world or becomes practicable or reaches beyond the purely practicable until it has been fought for, until someone believes in the project and makes a gallant fight. We have but to turn to the pages of history, bristling with examples, viz.:—the Emancipation of the Slave, Liberty of the Press, Free Education, Equal Suffrage, and the highest example of all—the Christian Religion. These have all been found absolutely practicable, now that they have become established facts. Yet thousands have suffered discomfort, loss, or even died to make them practicable.

We must not lose courage, for signs of awakening are manifesting themselves on all sides. Look, and you will see them for yourselves. All that which I have asked will come, but only through education. First, in our own ranks, then outside; and in the maintenance of harmony and unity of thought and action in our dearly loved organizations.

## NURSING AND THE WAR.

The tragedy of war is nowhere felt more poignantly than in the Royal Houses of Europe, where intermarriage and close relationships cause a division of sympathies bringing acutest pain. In this connection no one is more intimately affected than H.I.M. the Czarina of Russia, whose sympathies with the land of her adoption and with that of her birth are necessarily divided.

A daughter of our own Princess Alice, she has British blood in her veins, she is a German Princess of the House of Hesse-Darmstadt, the devoted wife of the Czar of all the Russias, and the mother of the Russian Heir-Apparent. Fate has dealt hardly with her in thus allying her so closely to the great nations now fighting one another to the death, and the portrait of Her Imperial Majesty which we publish in the beautiful national dress of her adopted country bears the impress of mental struggle and grief.

The Army Medical Department of the War Office is proverbially slow to accept a new idea on military nursing, and unfortunately it has few progressive and at the same time sound economic ideas of its own. We are not surprised though we regret to learn of the very bitter feeling amongst a great number of members of the Territorial Force Nursing Service. We have recently received many private letters on the lowering of the standard of nursing, and in consequence of the status of the nursing staff. We hope therefore that our suggestion to organize a Sanitary Nursing Service will not be snuffed out, until too late, by the powers that be. There are several Matrons in sympathy with sound nursing principles on the Army Nursing Board, and on the Advisory

Nursing Board T.F.N.S., who must realise the urgent necessity for such a Service to carry out the sanitary system of the medical staff, and also to help locally Medical Officers of Health.

They know, or ought to know, of the camp waste, of dirty billets, of clean men infected with lice, scabies, and other filthy conditions, of serious cases of illness which might have been avoided, by preventive nursing care. We claim that drastic reform is

required in connection with the lives of young soldiers:

(1) Good housing conditions; (2) Nutritious diet and no waste; (3) Care of clothing and laundry; (4) Elementary instruction in personal hygiene; (5) Facilities for personal cleanliness; (6) Trained nursing Sisters, with a sanitary qualification, to observe and report to the medical officer on the deviation of the normal in health, and to render first aid nursing in camps and billets. Members of the Service to act as Inspectors in the domestic and nursing departments are required.

It is now close on a year since we offered these suggestions to the Medical Department at the War Office, and so far no effective organization has taken place.

Camp waste is now a crying scandal, and tinkering at scientific domestic management and sanitary

conditions is useless. A complete Sanitary Nursing system (and we, of course, include dietetics as fundamental) should be organized, and if the present Army Nursing Board are unable to evolve it let them include women upon it, who have creative ideas and know how to carry them into effect. We fear, however, that this is contrary to the spirit of Army Medical policy, which is essentially conservative and intolerant of criticism.

Apparently a beginning is to be made to cope



Photo.]

[Boissonnas.]

H.I.M. THE CZARINA OF RUSSIA.



with bad cooking and waste. We learn that this week a number of female teachers of domestic economy will be sent to certain military camps to instruct the cooks and their orderlies in the economical preparation of food; and other parties will be formed with a similar object during the holidays. The many complaints of waste in the camps prompted these ladies to offer their services to the War Office; and they will be given the temporary authority of non-commissioned officers, so that their instructions may have the weight of commands. But what we ask for is a well thought out and comprehensive scheme for the benefit of the Army as a whole.

Miss M. Clarke, who was recently mentioned in Despatches, and was also one of the recipients of the Royal Red Cross, bestowed amongst the Birthday Honours, was trained at the Royal Southern Hospital, Liverpool, and is a member of the Civil Hospitals Reserve of Queen Alexandra's Imperial Military Nursing Service, being one of the first to be sent abroad last August. Quiet and unassuming, she is devoted to her work, which she always makes her first consideration.

Miss Clarke belongs to Co. West Meath, and recently spent a short holiday with her own people, returning to France on the 11th inst. Needless to say, she has received many congratulations, both from her training school and in her native county, on her well-earned honours.

Lady Desborough has placed Taplow Court at the disposal of the Committee of the Queen Mary Hostel for Nurses, 1, Tavistock Place, W.C., to be used as an annexe to the Hostel, where a nurse returned from the Front needing rest and change can be received as a guest. This is a most kind thought, which is sure to be much appreciated.

Two teachers recently applied to the Education Committee, Shipley, Yorkshire, for six months' leave of absence, "owing to the scarcity of nurses for military work," and after some discussion, the committee agreed to grant them leave of absence. Councillor Rhodes, supporting the request of one of the teachers for "a grant of salary or compensation," then proposed that a grant not exceeding £20 should be made to each teacher. The Chairman said it was not

right to make such grants out of the Education rate, and moved that none be made to the teachers, an amendment, which, we are glad to say, was carried.

A good deal of nonsense is talked about the "urgent need for nurses," and sentimental appeals are made to education authorities by teachers for permission to volunteer for work in military hospitals, frequently combined with an attempt to make the best of both worlds and to secure "compensation" from the authorities concerned as well as the salary paid by the War Office, which is more than ample for their unskilled services as War probationers. This is a form of "patriotism" to which taxpayers and ratepayers may reasonably object.

The suggestion that there is an "urgent need

for nurses" is not supported in well-informed quarters. Moreover, there are behind the nurses of the United Kingdom, well-trained nurses from Canada, Australia, New Zealand, and elsewhere; and the United States of America have also sent many to our assistance.



MISS M. CLARKE, R.R.C.  
Mentioned in Despatches.

At the Higginbotham Nursing Home, 218, Bath Street, Glasgow, the nurses one day last week met together to do honour to Nurse Ferguson, who is home from France on a week's leave. Nurse Ferguson was one of the Queen's nurses on the staff at the home when war broke out, and was called up at the beginning of August under the Civil Hospitals Reserve. She was mentioned in Sir John French's despatch of June 22nd, and has been awarded the Royal Red Cross. The nurses presented Miss Ferguson with a souvenir of the occasion, and sweets and cigarettes to take back with her to the wounded soldiers under her charge. Nurse Barnet, also a member of the staff home on leave, who has been nursing in France under the Joint War Committee since October, was also present at the gathering. She also received a little souvenir, and gifts for her patients.

Miss Pritchard, the Lady Superintendent of the Hull Jubilee District Nursing Association, with the sanction and hearty goodwill of the Committee, offered her services to the War Office, and is now working in Serbia, from whence she writes cheerfully of her work.

Eight Territorial nurses from the Sheffield Base Hospital, Ecclesall Road, and four from the Wharncliffe War Hospital, left the city on the 24th inst. for foreign service. Their destination is Alexandria, which is one of the receiving bases, in addition to Malta, for the Dardanelles campaign. Wounded for Cairo and other hospitals are received also at this port, and then sent overland by Red Cross train.

Contingents are going on foreign service from other Territorial hospitals.

"L. G.," writing in the *Weekly Dispatch* of war nursing in Paris, says of the Japanese contingent working in the Hotel Astoria in the Champs Elysées:—

"Every wounded soldier who has been cared for by a Japanese nurse will tell you there can be none better. 'She has fingers of velvet,' one poor mangled lad assured me as his little Jap nurse moved away from his bedside. She was a tiny scrap of a woman, with hands that seemed too small for any practical use, yet she could dress a wound so deftly and lightly as not to cause even a twinge of pain.

"The implements, bandages, and operating tools came all the way from Japan in 100 packing cases, and the storeroom is a fascinating place with its packages covered with foreign labels, all arranged with exquisite neatness and care. And being Japanese the senders found room in the cases for beautifying touches, so for every bed there is a fan of sunflowers or massed cherry blossoms, and a small metal scroll with 'Good Luck' inscribed upon it."

There are a number of auxiliary nurses who are French, English and American helping at the Japanese hospital, and it is good to hear how favourably these highly trained, dignified and devoted little Japanese ladies impress their patients.

The American Red Cross Committee announces the withdrawal on October 1st next of the doctors and nurses who have been sent to Europe, owing to lack of funds. Those sent to Belgium and Serbia, however, will probably be retained there.

We learn that the Australian Hospital (No. 3 General), of which Miss Grace Wilson is Matron, and which, as we reported in a recent issue, would be established in the Mediterranean, is to be stationed on the island of Lemnos, about two day's journey from the Dardanelles. The staff now on their way there will therefore have the pleasure of caring for their own Australian wounded, a gratification to all concerned.

#### BEQUEST TO A NURSE.

Sir Roland James Corbet (of the Grenadier Guards), who was killed at Givenchy, aged only twenty-three, left £500 to Miss E. Edwards, nurse at Acton Reynold.

#### FRENCH FLAG NURSING CORPS.

Miss Grace Ellison has arrived in London from Paris, and has been in consultation with the Committee of the F.F.N.C. concerning details of organisation. Miss Ellison is of opinion that the good work, tact and courage shown by the majority of the Sisters is making a most favourable impression on the members of the French Service de Santé, with whom they are working in sixteen different centres. Many French ladies are anxious to work under the English Sisters and learn their nursing methods, and she is anxious to extend the usefulness of the Corps. An appeal for funds is being issued for this purpose.

A unit of registered nurses from South Africa, selected professionally, and under the supervision of Miss J. C. Child, has been offered to Mrs. Fenwick for service with the F.F.N.C., all expenses guaranteed. This offer has been accepted by the Committee, and it is hoped the unit will shortly arrive. Miss Child is a most experienced military nurse, and holds the Diploma and Distinguished Order of the Greek Red Cross, the medal of the Boer War, the Mayor's medal for the siege of Kimberley, and the Order (Hon. Serving Sister) St. John of Jerusalem.

Miss Child has been nominated by the nurses of United South Africa for the Presidency of the South African Trained Nurses' Association.

The four Sisters working with the Service des Evacuations Fluviales on Hôpital Péniche No. 1 find the work most interesting. Their duty is to convey the sick and wounded by barge between Adinkerque and Bourbourg. After leaving the first boatload of wounded they remained at Bourbourg a week, when everything, blankets, clothes, &c., were stove, and the péniche was disinfected from end to end; the linen was all laundered. During this period the Sisters enjoyed a rest, did some boating and fishing, and enjoyed the many pretty walks around the town. They also had the pleasure of visiting some of the temporary French Military Hospitals in the district, and were most kindly received by the Dames de la Croix Rouge.

When the péniche is empty the eight Sisters dine together—a little bit of social life; when the patients are aboard they feed in their own little cabin, which is a compressed dining, bed and drawing room. There is not much room to spare, but good order makes for comfort, and the Sisters report they are all very happy and content.

Sister Lind writes:—"Everybody in connection with the péniche scheme, from the Inspector General at Dunkerque to the *ordonnance* who waits on us has been most exceedingly kind to us, and we are indeed lucky to have such a delightful personnel to work with here."

This batch of the F.F.N.C. have now been on duty in France for nine months, doing duty at Rouen, Talence, and Bergues, so that we have no doubt they now speak French sufficiently fluently to be a real help and comfort to both doctors and patients.

## JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in home hospitals:—

*St. Gregory's Hospital, Wroxham, Norfolk.*—Miss H. C. Whitford.

*Highlands Hospital, Farnham.*—Miss B. M. Aldridge.

*Mulgrave Castle, Whitby.*—Miss M. Berry.

*The Red Cross Hospital, Henley-on-Thames.*—Miss M. F. James.

*Little Charlton Manor, East Sutton, Maidstone.*—Miss R. P. Owen.

*Cleve Hill Hospital, Downend, near Bristol.*—Miss E. M. Taylor.

*Yarrow Military Hospital, Broadstairs.*—Miss C. M. Gooding.

*Elmsleigh Bassett, Southampton.*—Miss C. M. Ross.

*Regent's Park Hospital, Southampton.*—Miss B. William.

*St. John's Hospital, Holmesdale, Hastings.*—Miss D. G. Dean.

*V.A.D. Hospital, Rushall, Tunbridge Wells.*—Miss G. H. Imrie.

*Milton Hill Hospital, Stevenon, Berks.*—Mrs. Perry.

*Red Cross Hospital, The Warren, Hayes, Kent.*—Mrs. Tooley, Miss H. Fox.

*Princess Christian's Hospital, S. Norwood Hill.*—Miss M. Nicholls.

*St. John's Hospital, 67, High Street, Fareham.*—Miss M. Robinson.

*Red Cross Hospital, Clevedon, Somerset.*—Miss M. H. O'Connor.

*V.A.D. Hospital, Highland Moor, Landrindod Wells.*—Miss H. L. Oakley, Miss M. Marken.

*Tuscar House, Bridgend, Glam.*—Mrs. Williamson.

*Wicklow Lodge, Melton Mowbray.*—Mrs. Loyola Whiteside.

*Red Cross Hospital, Alnwick, Northumberland.*—Mrs. Hildreth.

*Hill Hospital, Lower Bourne, Farnham.*—Miss E. M. Robinson.

*Red Cross Hospital, Christchurch, Hants.*—Miss S. F. Ryall.

*8, Lennox Gardens, W.*—Miss J. S. Sturgeon.

*Red Cross Hospital, Hazelwood, Ryde.*—Miss G. Young.

*Budsworth Hall, Ongar.*—Miss E. F. Burke.

*Highfield Hall, Southampton.*—Miss E. E. Heaton, Miss A. Lalor.

*Clarendon Park, near Guildford.*—Miss J. M. H. Emsley, Miss J. Reston, Miss Postlethwaite, Miss A. Hayward.

*Killo Relief Hospital, Parkside, Reigate.*—Miss S. E. Lawrence.

*Railton Hospital, Rugby.*—Mrs. G. O'Neill.

*Yateley Military Hospital, Yateley, Hants.*—Miss A. Murray.

*Northlands Red Cross Hospital, Emsworth, Hants.*—Mrs. Morgan.

*Auxiliary Military Hospital, Elmfield Hall, Accrington.*—Mrs. M. A. Humphries.

*Red Cross Hospital, Northwood, Cowes, Isle of Wight.*—Miss A. A. Pedlar.

*Temporary Hospital, Exeter.*—Mrs. E. J. Nye, Miss K. Todkill.

*Hathersage Auxiliary Hospital, Derbyshire.*—Miss Comyns.

*Red Cross Hospital, Kingston-on-Thames.*—Mrs. K. E. Jones.

*16, Bruton Street, Mayfair, W.*—Miss Mary Shelley.

## HUMBLE PRAYER.

At the "Service of Humble Prayer to Almighty God, on behalf of the Nation and the Empire," to be held in St. Paul's Cathedral at noon on Wednesday, August 4th, after one year of the war, the dome and transepts will be reserved, and seats will be provided there for wounded sailors and soldiers, and the Nursing Services of the Imperial Forces, for which tickets will be supplied by the Lord Chamberlain's Department, and issued respectively through the Admiralty, War Office, and High Commissioners of the Overseas Dominions. Their Majesties the King and Queen, and Queen Alexandra will be present.

## THE CARE OF THE WOUNDED.

The King and Queen have recently visited the sick and wounded soldiers at the Duchess of Connaught's Canadian Red Cross Hospital at Cliveden, and those who have returned from the front at the Ascot Military Hospital.

The visit of His Majesty the King to the 1st Southern General Hospital, Bournbrook, Birmingham, on the occasion of his recent visit to the capital of the Midlands gave great pleasure to both patients and staff. His Majesty was received by Colonel Marsh, who is in command, the Bishop of Birmingham (Chaplain), the Principal Matron (Miss Musson), the Matron (Miss Lloyd), the Assistant Matron (Miss Kerslake), and other officials. The King spoke to all the worst cases, and was specially interested in the "tent ward" where patients with very severe septic wounds are treated in the open air. Convalescent patients on one side, and nurses and members of the R.A.M.C. on the other lined the central avenue, and were inspected by His Majesty before leaving.

The Committee of the London units of the Scottish Women's Hospitals (S.W.H.S.) are issuing invitations for a private view of their Travelling X Ray Motor Ambulance about to proceed to the Front, to be held in the grounds of Bedford College, Regent's Park, by courtesy of the Principal, on Thursday, July 20th, from 4.30 p.m., and on Friday, July 30th, from

2-8 p.m. Demonstrations will be given at intervals during the two days.

The hospital train, built to the order of the War Office at a cost of £13,000 by the London & North Western Railway, which was on view at Euston Station on Thursday and Friday last week, when £323 was raised from payment of entrance tickets, and collections, for providing comforts for the railway troops serving with the expeditionary force, is the largest yet constructed. It is 925 ft. long, and consists of 16 coaches, the last being designed for 6 infectious cases. There is through communication. Most of the ward cars contain 36 cots, and in those for convalescents the upper cots (which are in tiers of three) can be fastened right back, the lowest forming comfortable settees. The mattresses are filled with wood wool. Emergency stretchers also can be made of the cots so that patients can be carried ashore on them. There is, of course, an operating room, in which both floor and table are covered with zinc. There is also a pharmacy car, and provision for medical stores and pack stores. The quarters for the staff are very well designed, and include a consulting room. The train will be run down to the port from which it starts, and then removed to the ship by means of cranes. The L.N.W.R. are greatly to be congratulated on this latest addition to hospital trains. On Tuesday the train was on view at Cannon Street Station, and inspected by the Lord Mayor.

We regret to record the death of Dr. Edmund Owen, F.R.C.S., Surgeon-in-Chief of the St. John Ambulance Brigade, and Consulting Surgeon to St. Mary's Hospital, which took place on July 23rd, after a ten days' illness, from a sudden attack of paralysis, during which he never recovered consciousness. His end was probably hastened by his arduous work during the war.

The ward given by British residents and visitors in Rome for Italian wounded was opened on the 21st inst. The ward, which is in the Hospital Addolorata, next to the hospital of the Convent of "Blue Nuns," contains 35 beds, but others may be added. Every kind of equipment has been provided.

The "grands blessés" (says the *Observer's* Paris correspondent) is the touching name given to those who have lost arms or legs in the war. They are not forgotten these days. One is specially tender towards them. And their gaiety and high courage are a reproach to the civilian croakers. The sight of these brave fellows who have suffered physically from the war, who must in future lead diminished existences, is "extraordinarily comforting and uplifting. Their laughter and practical jokes, the gaiety with which they race one another in the wider streets is an admirable example of the unquenchable spirit which is going to conclude this war on the note of triumph in spite of every difficulty.

## APPOINTMENTS.

### MATRON.

**Canning Town Women's Settlement Hospital, Plalstow, E.**—Miss Rose Bland has been appointed Matron. She was trained at Grimsby and District Hospital, and has been Sister at the County Hospital, Colchester, at the Batley and District Hospital, and at the Southport Infirmary, Night Sister at the Manchester Hospital for Women and Children, and Assistant Matron at Bolton Infirmary.

**The Military Hospital, Richmond, Surrey.**—Miss Gertrude Fletcher has been appointed Matron. She was trained at the Royal Prince Alfred Hospital, Sydney, N.S.W., and has had a varied experience, including that of active service during the South African War, Matron of the American Women's Hospital, Paignton, and Assistant Matron at the Norfolk War Hospital. She has therefore had admirable experience to qualify her for her present post.

### ASSISTANT MATRON.

**Norfolk War Hospital, Thorpe, Norwich.**—Miss Louise Hotine has been appointed Assistant Matron. She was recently a Sister at the American Women's Hospital, Paignton.

**St. George's Infirmary, Raine Street, E.**—Miss F. E. Morgan has been appointed Assistant Matron. She was trained at the Birmingham and Paddington Infirmaries, and has since been Staff Nurse, Surgical Ward Sister, Temporary Maternity Sister, and Temporary Night Sister at St. George's Infirmary. She is a certified midwife.

### SISTER.

**L'Hopital Temporaire, Arc-en-Barrois, France.**—Miss Amy Phipps has been appointed Sister. She was trained at George's Infirmary, Raine Street, E.; and has since been Staff-Nurse at the Hostel, Clapham Common; Ward Sister at George's Infirmary, E.; and Night Sister at Wildernes Military Hospital, Sevenoaks. She also holds the certificate of the Royal Sanitary Institute, of which she is an Associate; and the Sick Cookery certificate of the Food and Cookery Association. Miss Phipps is still on the staff of George's Infirmary, having been given leave of absence for war-service.

## EXAMINATIONS.

### ROYAL SUSSEX COUNTY HOSPITAL.

The Final Examinations for the Nurses in Medical and Surgical Nursing has lately been concluded. It was conducted by Dr. Grainger Stewart, M.D., F.R.C.P., and Mr. Russell Howard, M.S., F.R.C.S. The Butler Prize was awarded to Nurse M. G. Trembath, and Nurse L. Henley, who were equal.

The following is the List of nurses who entered for the examination, all of whom passed:—Nurses Trembath, Henley, Gasston, Campbell, Clark, Marsh, Hibbert, Ensor, O'Rorke, Jordon, Tuckmott, Falla, Blakesley, Graham.



## NURSING ECHOES.

Miss Beatrice Kent, greatly impressed with the striking personality of Miss Clara D. Noyes, R.N., the Superintendent of Bellevue and Allied Hospitals in New York, sends us the Address delivered by her at the Nurses' Conference at San Francisco. Many British nurses will, we feel sure, desire to thank Miss Noyes for her demand for more efficient systems of education, and her sympathy with them in the depreciation of nursing standards in military circles throughout Europe.

Miss Kent also sends us a very interesting letter, which will appear next week. The rush of events was so intense in Conference week that there was little time for letter-writing, but now that she has arrived in British Columbia, as a guest on her brother's fruit farm near Vernon, we shall hope for ripe reflections after the great event.

We note in the annual report of the East Suffolk and Ipswich Hospital, which was read at the seventy-ninth anniversary court, the following appreciative reference to the Nursing Staff :—

The report of the Examiner on the practical and theoretical knowledge of the nurses sitting for examination is most gratifying to the hospital authorities, showing as it does that the practical training in particular is most thorough and efficient.

The Board decided to continue its offer of four qualified nurses for Queen Alexandra's Military Nursing Service in case of War or National Emergency, and immediately on the outbreak of hostilities four members of the nursing staff were called up and were released from their duties here. In this action the Board has the honour to record the receipt of a personal letter of thanks from Her Majesty Queen Alexandra.

In addition to these, three members of the nursing staff left to take up positions with the Territorial Force.

In addition to the increased salaries mentioned in the last annual report, the Board has found it necessary to further increase the salaries and to give special war honorariums to sisters, staff nurses, and probationers in their last year.

To the Matron (Miss M. Deane) and to the Deputy-Matron (Miss M. Collet), as well as to the ward sisters and nursing staff generally, great credit is due for sustained effort during times of great stress, loyalty to the institution, and loving devotion to the patients under their care.

The annual meeting of the Huddersfield and District, Victoria Sick Poor Nurses' Association was held at the Home, Clare Bank, last week, when the eighteenth annual report was submitted. During the year there had been 1,389 applications for the nurses' services, and 34,881 visits had been made to patients. These figures compared with those of last year showed a decrease of thirteen cases undertaken, but an increase of 883 visits, and they might probably be taken to indicate the maximum attainable by the nurses employed without the risk of sacrifice of efficiency. The nurses had attended 134 operations in the patients' own homes, a service which was of great value to the patient, and was much appreciated by the doctor performing the operation. The maternity nurse had attended 134 cases, making 3,195 visits.

The inspector of the Queen Victoria Jubilee Institute for Nurses visited the home in May, and inspected the work of the staff in the various districts. The following is the official report :—“ The record of the year's work is again an excellent one, and it is pleasing to note the steady growth of the midwifery branch and the substantial increase in the midwifery fees received. This year has also seen a further development of the work undertaken of training of the district midwifery pupils from the Crosland Moor Infirmary, four of these pupils having obtained the C.M.B. certificate. The serious breakdown in health of Miss Jones, the hard-working Superintendent, occurring just as the inspection was made, came as a grievous shock. Everything concerning the home and the district was found in splendid order.” The committee deeply regretted that in consequence of ill-health the Superintendent, Miss Jones, had been obliged to resign her position. During the five and a half years she had been in charge of the home, the ordinary district work had greatly increased, and the midwifery branch had become much more important, requiring the most vigilant attention. The committee realised that it was largely owing to the ability and conscientious care with which Miss Jones had superintended the work of the staff, and to the high standard of efficiency which she had established in the home, that the Association had grown so much in usefulness during this period. They trusted that in the near future she might be restored to health and strength and enabled to take up again in some lighter sphere the work in which she takes so deep an interest.

A privilege which amateur nurses are claiming is the right to free rides at the expense of tramway companies. This concession was recently unanimously refused to local Red Cross

nurses by the Tramways Committee of the Salford Town Council, but was referred back to them. The Chairman of the Committee pointed out that at present they were sending three or four cars a day to carry the Salford "Bantams," and the majority of Red Cross nurses, who were giving their services, were able to pay. If the Tramways Committee are inclined to give free passes to nurses they would be best placed with the Matron of the local district nursing association for the use of those engaged in professional work of great benefit to the poor.

*Nurses Near and Far*, the organ of the Nurses' Missionary League, gives a picture of the happy days spent at the Camp at Old Jordan's Hostel, near Beaconsfield, and a synopsis of messages and addresses given there.

A wedding present has been sent to "Our Own Nurse" at Nasik, in response to a suggestion in the leaflet, of towels, handkerchiefs, and soap. Nurse Bhimabai has been supported by the League for some years.

Nurse Bhagu, who is now to be supported, sends the following quaint letter:—

"MY DEAR MISS SAHIBS,—I am very glad to write this letter to you, and I think you will like to hear something about me. I came to Nasik in the month of November for the nursing. I like this work very much. Please remember me in your daily prayer. Many Hindu women and children come to our hospital, and they do not know anything about Jesus Christ. Our Mem sahibs and the nurses always tell them about Jesus Christ."

How greatly medical treatment and nursing are needed in the mission field the following little report from Bhiwani demonstrates:—

"About a fortnight ago a patient was admitted for an operation to her eyes. She also complained of pains in her back. The doctor was examining her to find out the cause, when she found a scar just above the ankle, all round the leg, nearly an inch wide; and she was told that the village blacksmith had ordered it to be burned with a red-hot iron to cure the pain. She had endured this agony, but the old pain was still present, whereas it is now being cured by massage. This case clearly shows the need which mission hospitals are supplying. The effects of the war are very evident. Many are out of work and all have less money, in addition to having to pay increased prices for food. From many of the villages round, ten or fifteen men have gone to fight in France, and the women are keenly interested in the news."

Through Miss Gage, of Changsha, China, we learn (says the *American Journal of Nursing*) that the five scholarships granted by the Rockefeller Foundation to Chinese nurses for study in America are proving a stimulus to the nursing profession in China. The quality of the students applying for training in the Chinese mission schools has improved since the announcement of the scholarships was made.

These amount to \$300 each, with expenses of the journey to the United States, and are for one year each, but if at the end of that time, the holders of the scholarships prove to be doing satisfactory work, reappointments will be made to enable them to complete their course of study. The applicants must be graduates of a girls' high school and must have had at least one year's training as a nurse in China; they must be in good physical condition and be able to read, write, and speak English.

The China Medical Board is a new branch of the Rockefeller Foundation, and seeks to improve the physical condition of the people of China, using agencies now in existence, so far as may be possible. The directors are wise in working for the advancement of the profession of nursing at the same time as that of medicine, for, as in this country, the two must go hand in hand. The modern doctor, there as here, needs the modern nurse by his side to help carry forward his work in hospital and dispensary, and to teach the laws of health to a people sadly in need of such enlightenment. The infant mortality of China is enormous, there are great cities and vast districts without any sort of skilled help for the sick, and the field for the devoted physician and the public health nurse is almost limitless.

#### NATIONAL UNION OF TRAINED NURSES.

Nurses unable to do active work, or those interested in nursing, may help by giving voluntary assistance at the office of the National Union of Trained Nurses, 39, Great Smith Street, Westminster, S.W. The Secretary will be very glad to hear from anyone willing to do secretarial work, cut out patterns, paint health posters, or assist in any way.

An interesting account of the work done by trained nurses in Belgium during the early stages of the war was given by Miss Thurstan, a member of the British Red Cross Society, at a meeting of the Leeds Branch of the National Union of Trained Nurses held at the Lord Mayor's Rooms on Wednesday, the 21st inst., at which the Lady Mayoress (Mrs. J. E. Bedford) presided.

Miss Thurstan, who was in charge of one of the first detachments of nurses to go to the front, gave a detailed description of the scenes which took place at the occupation of Brussels by the Germans.

## THE HOSPITAL WORLD.

### MARGARET STREET HOSPITAL FOR CONSUMPTION.

The Margaret Street Hospital for Consumption, 26, Margaret Street, London, W., the new building of which was recently opened by the Princess Royal, has been established in Margaret Street since 1847 for the treatment of consumption and Diseases of the Chest. The President is Mr. James Boyton, M.P., who received the Princess on the occasion of her visit.

The hospital in Margaret Street is restricted to the treatment of out-patients, and is open daily at 1.30. There is in the basement a large out-patient hall, with convenient dressing-rooms and lavatories for men and women, and consulting rooms for the medical staff.

In one room there is on view an admirable model of Fairlight Sanatorium, Hastings, to which 51 male patients are admitted for treatment, in connection with the Margaret Street Hospital, and also many interesting photographs of both Fairlight and St. Catherine's, a Sanatorium at Burghfield Common, near Reading, which was placed at the disposal of the Executive Council by Miss K. Morison, one of its members, in 1913, in order that women patients suffering from tuberculosis in the early stages might be given the opportunity of treatment under ideal conditions with the prospect of a cure.

The ground floor of the Margaret Street institution is devoted to the office of the Secretary, Mrs. M. C. Hawthorne, the Dispensary, in charge of Miss L. Lucas, who is also a trained nurse, and rooms for the staff, and stores. The upper part of the house, to which there is a separate entrance, is sublet.

It is very satisfactory that, owing to the treatment received as out patients at Margaret Street, many patients have been able to keep at work, who might otherwise have had to give up their employment, and others have been able to return to work or school after considerable periods of absence. Amongst the various special forms of treatment employed, both tuberculin and contratoxin have been used with gratifying results.

It is interesting to learn that at Fairlight, Hastings, Insurance patients can always be received, or provision can be made for their

reception elsewhere. Some of the patients at the end of their treatment have remained permanently on the staff.

Our illustration on this page shows the outside view of the Dining Hall extension at the Fairlight Sanatorium. Every door is set wide open, so that the patients practically take their meals in the open air while enjoying the privacy and comfort of a well-furnished room. Short tables are arranged across the width of the Dining Hall, so that all the diners get the full benefit of the open doors.

Part of the treatment at Fairlight consists in graded work and the illustration of the winter garden on page 99 shows what can be accomplished under suitable conditions, with benefit both to themselves and to the institution, by patients living a healthy, active, open-air life.



DINING HALL EXTENSION, FAIRLIGHT SANATORIUM, HASTINGS.

### A SOUVENIR 1915.

The South Kensington Nurses' Co-operation, 41, Alfred Place West, S.W., have sent us a charming souvenir of 1915, the National Anthem, with the additional verse by Nesta Blennerhassett, and Auld Lang Syne set to music. They are printed on a card so folded that it will easily go into an ordinary square envelope. The front bears two national flags, crossed, with letterpress in blue and red, and has a blue and white border. It should have a popularity extending far beyond the S.K.N.C. and its friends. The Co-operation is just now entertaining soldiers from the barracks near by to tea on Sunday afternoons, all long service men, and most interesting guests. They much appreciate the hospitality shown them, one man stating that it was thirty years since he had sat at a table with a white cloth upon it.

## STATE REGISTRATION THE REMEDY FOR INEFFICIENT NURSING.

In the Annual Report of the Council of the British Medical Association published in the Supplement to the *British Medical Journal* of May 8th (the official organ of the Association), it was reported that the Council resolved

"That this meeting views with concern the increasing number of insufficiently trained nurses, and instructs the Council to call upon the Government, and the other authorities concerned to take steps to remedy the evil." The Council further expressed the opinion that "the restriction of the number of insufficiently trained nurses will be best brought about by the Association, and



THE WINTER GARDEN, FAIRLIGHT SANATORIUM, HASTINGS.

other bodies interested, continuing their efforts to obtain State Registration of Nurses."

This Report was approved by the Annual Representative Meeting held in London on Friday, July 23rd, and the Association has therefore once more placed on record the considered opinion of the medical profession throughout the kingdom that the State Registration of Trained Nurses is the best remedy for the unsatisfactory standards of nursing now prevalent and increasing.

### WELCOME HELP.

The President of the Society for State Registration of Trained Nurses acknowledges with thanks the following donations:—Dr. E. W. Goodall, ros. and Mrs. Myers, ros. These gifts are a most welcome addition to the funds of the Society.

## HEROIC WORK.

For months past very little interest has been evinced in the nursing world excepting in military nursing. Every nurses' paper and magazine is full of this theme, and sometimes we wonder if our splendid hospitals and infirmaries are really carrying on their great humanitarian work, and if there are hundreds of Matrons and thousands of nurses who are quietly doing their daily rounds attending sick men and women and suffering children, and delighting in the arrival of fine fat baby boys and girls who tip the scales at eight pounds, or even more, much to the pride of tired mothers, whose lying-in time is the only rest and holiday she ever enjoys. The truth is the excited rush "to the front" has become a little tiresome

and we may well realise how invaluable is the steady daily toil of those who have not made tracks for this extended locality. A very interesting letter from a district nurse in far-away Sutherland arouses this sense of gratitude and admiration. This nurse writes: "I am delighted to see by THE BRITISH JOURNAL OF NURSING that the 'War Babies' myth has been thoroughly exposed and our brave soldiers exonerated. No doubt the slander was a tissue of German lies. There were 500 to 600 troops in a village not far from us, and I have heard of no cases there, and only one here, although 80 men left this district.

"For the last seventeen years here there have been only about one or two illegitimate births annually. I have had 281 maternity cases since coming North, many of them difficult and dangerous ones (doctor's). Many of them were twenty-five to thirty miles from a doctor. Although there was the usual number of stillbirths, abortions, contracted pelvis, hæmorrhage, &c., &c., I had only one death in all from embolus, a doctor's case. He saw her the morning she died and was quite pleased with her. Our doctor is very clever and skilful, and has another larger parish to act for. I have not had one case of septicæmia in all these; not one of breast abscess while I attended patient, although some, through carelessness, developed abscess some time after confinement. Nursing up here is very interesting, and the old Gamps are almost a thing of the past. I have heard of many sad deaths through their neglect in the past.



"I have nursed over 200 general cases of serious illnesses, besides many hundreds of minor ailments not worth his attention, yet preventive in every sense of the word.

"No nurses from the South would ever stay here unless they had a small nursing home. The work in winter is almost superhuman. Once I took four days to go seventeen miles in the big snowstorm of 1906. I have had to ride on horseback hundreds of miles in my time here over bogs and along frozen mountain paths in the dead of night. Twice I came home fifteen miles, only to go back to another case seventeen miles away the following day. Now there are fairly good roads where seventeen years ago there were only tracks. I was on horseback once for four hours in a deep snow, and snowed up for two weeks after I was free to come home several times. May all your splendid battles for State Registration soon be crowned with success. If I had my time over again I would have the three years' training and join in the battle. But I shall have to give up this hard work as I am now finding it too much for me. I have taken THE BRITISH JOURNAL OF NURSING for seven years. Three of us share it and I got my niece, fever nurse for the county, to take it also. I have a very pretty house of my own here, left me by a sister. It is situated in a lovely spot, so when I am able to visit patients daily from home it is a very great pleasure to enjoy the comforts of home. The country up here is most beautiful in summer, lovely brown hills, and wooded glens, and straths. In winter, too, the great white snow-covered mountains are grand to look at. Far out among them I see troops of deer. I have seen several ice-floods when the frozen rivers have broken up and swept down, tearing great boulders of ice and soil from the banks and hurling them along in the flood. Yet next morning the sun would be shining gloriously over the great mountains. I hope I am not wearying you, but I thought you would like to know how we work up here."

It seems to us that "we work up here" in a very fine spirit indeed, and we hope for the sake of the patients that this heroic nurse may have health to care for them in their need.

#### PRESENTATIONS.

In the course of a local sale of work held at Stedham Rectory, Sussex, a cheque for £115 was presented to Sister Eliza in recognition of her work as nurse in the district for the past twenty years. Mrs. Wills, who made the presentation, spoke appreciatively of the high esteem in which Sister Eliza was held and the manner in which her services were appreciated as evidenced by the fact that in many cases the contributions to the present testimonial were entirely unsolicited.

Nurse Boswell, on the occasion of her leaving, has been presented by her old patients and friends in Kilmany district, N.B., with a gold watch bracelet and a week-end bag.

## BOOK OF THE WEEK.

### "COURT LIFE FROM WITHIN."\*

The purport of this most interesting volume is explained by its royal authoress in the words of the introduction. "Court life," she says, "is hedged in by many restrictions." To members of royal families, other than those who are actively engaged in the duties of rulership, "life is little more than a round of useless ceremonies, from which a mind with any pretence to independence flies in relief—does opportunity occur." She tells us that after her marriage she visited practically all the Courts of Europe, and has given her impressions of her visits and the rulers of Europe. "I am," she says, "democratic in my sympathies, and consider the day has gone by when royalty should live behind closed blinds. We are all brothers and sisters; let us know one another better."

The Infanta has certainly done her best in this volume to let in the daylight, and on her own showing, even as a child, she must have been a considerable strain on royal etiquette and dignity.

For instance: "There was a maid sleeping in our room at night, and I did not wish it, as much perhaps, because she snored, as because I wanted one room to ourselves. I dragged my bed into the corridor every night, until they gave me a room to myself, in which I could at least sleep without being guarded. I would not wear tight clothes, and I put my hand down inside my waistband when they were dressing me. In this way I avoided many tiresome affairs of ceremony which I disliked."

At school, when vexed, she wanted to strike a nun. She was told that it would be a double sin, and that no one could strike her because she was royalty.

"Then," I said to myself, "as long as I live, I shall never have a good fight."

Similarly she refused to be awakened on a night journey, to greet the crowds assembled at the station.

"I rebelled, my mother insisted. 'Very well,' I said, 'I'll make silly faces, and they'll think you have an idiot for a daughter.' My mother was furious, but she knew I would do it, and I slept."

The beautiful young wife, Mercedes, of her brother, the King, lost her life, "after a miscarriage that resulted in blood poisoning, from some bungling of the doctors. They treated her for typhoid, till a putrefaction had set in that no treatment could retard. For all this, I now blame the state of medical practice in Spain. In a country where education is wholly in the hands of the religious orders, and the hospitals in the hands of the nuns, there will neither be a good supply of medical students nor opportunities for them to perfect their studies under satisfactory conditions."

\* By H.R.H. The Infanta Eulalie of Spain. Cassell & Co., London.

Of her young widowed brother, she says, "He would have been much happier if he had never been a king."

Giving her impressions of England and the English, though on the whole she was well pleased with life in the English country houses, she says, "Coming first to England from the animations of the South, I thought the people looked as stupified as if they were all recovering from a fit." She seems to have been fascinated by the personality of the Kaiser, and to have taken him at his own valuation. The following passage is really amazing: "He has often spoken publicly of the responsibility of the ruler who involves his people in a war in which so many men may be killed, when he cannot be sure that their consciences will be in a state to meet death." His evident personal admiration for her may have had something to do with such an utterance given at this time to the English public. Following closely on this are her impressions of the Tsar and the Belgian king. Of the latter, she says: "If I did not go to see for myself, what he had been doing, I had come to feel that I was neglecting my best opportunity for education."

The volume contains several charming portraits of the Infanta Eulalie and other royal personages. Though we gather a pleasant feeling of intimacy with Court life in various countries, we are quite contented to be humble commoners, living unrestricted by so many tedious ceremonies.

H. H.

### GALLANT GUESTS AT THE LYCEUM CLUB.

On Friday, July 23rd, the second of the teas for the wounded inaugurated by Mrs. Bedford Fenwick in the Lyceum Club on July 16th was given to upwards of 50 Belgian soldiers by the Belgian, French, and Russian Circles. Mme. Emile Vandervelde presided, and Mme. Delune, wife of the composer, provided an excellent entertainment. One of the wounded possessed of a first-rate baritone voice contributed popular Belgian songs, and the other guests joined heartily in the choruses. Mrs. Arthur Berrill and Mrs. Calvert Spensley undertook the transport arrangements, with the assistance of Mr. Adair. On Friday, the 30th inst., the Overseas and Photographic Circles will unite in giving a tea and entertainment to wounded soldiers and sailors from King George's Hospital, Stamford Street, the Hampstead General Hospital, and University College Hospital. The gallant guests seem thoroughly to enjoy being entertained at a ladies' club. Mrs. Fenwick told them, "you must not think we are idle women; most of us work hard, and we realise that it is your courage and patriotism which enables us to enjoy our work and leisure."

### WORD FOR THE WEEK.

There is no meaner moral attitude than that of a timid and selfish neutrality between right and wrong.—*Mr. Roosevelt.*

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### TERRITORIAL NURSES INDIGNANT.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I entirely agree with "A Territorial Staff Nurse," who writes in your issue of July 10th, regarding the so-called V.A.D.'s; but would point out that, in addition to a salary of £20 per annum, they receive the surplus from various allowances, which brings their virtual salary nearer £40! At a time when the Government is preaching thrift, it is surely an anomaly that a Government Department should be paying for absolutely unskilled labour a salary that a civil hospital would pay only to a fully-trained and widely experienced woman.

The policy of the Territorial Hospitals seems to be to belittle the work and ignore the experience, self-sacrifice and devotion of its staff nurses in every way. I venture to predict that, when the War is concluded and the stern need of service for the country no longer exists, the present members of the T.F.N.S. will unanimously and gladly resign their membership and run no risk of again being called up for service under such conditions as now exist.

Yours faithfully,

"T. B."

### NOTICE.

The Editor desires to notify that her correspondence is now so large that letters cannot be answered, except through the JOURNAL, unless a stamp is enclosed for reply.

The correspondence in the *Manchester Courier* on the subject of State Registration of Nurses has aroused great interest locally on the subject, and the Hon. Secretary of the Society for the State Registration of Trained Nurses continues to receive many letters of enquiry. An application form, appearing on page vi, can be cut out by those who wish to support the movement for a Nurses' Registration Act, and sent to 431, Oxford Street, London, W. Miss Bray will be pleased to send further forms to applicants.

### OUR PRIZE COMPETITIONS.

*August 7th.*—State what you know about the iodine treatment of diphtheria.

*August 14th.*—Describe Duodenal Feeding, and how to use the Politzer Bag.

*August 21st.*—What is Anthrax? State details of nursing.

*August 28th.*—Describe the most practical and aseptic indoor uniform for War nursing.

# The Midwife.

## THE CLAPHAM MATERNITY HOSPITAL.

The Clapham Maternity Hospital, 39, Jeffreys Road, S.W. must always have a very special interest for women, inasmuch as it was founded by women for women, and its medical staff has always been composed of women. The opening of the new hospital, on Friday, July 23rd, by Her Royal Highness, the Duchess of Vendôme, Princess of Belgium, was therefore a notable occasion.

The Princess on her arrival was received by the Chairman, Dr. Caroline Sturge, the Hon. Director and Visiting Surgeon, Dr. Annie McCall, and the Matron Miss E. Chippendale, and other members of the Committee, and the nursing staff, wearing favours of the Belgian colours, formed a guard of honour. At the entrance she paused and declared the building open. Dr. McCall then presented Her Royal Highness with a framed water colour drawing of the hospital, and a tiny child offered a lovely bouquet of red and white roses.

After the Princess had visited some of the ground floor wards the annual meeting, at which she presided, was held in a large empty ward on the third floor. The proceedings began with a short service conducted by Canon Allen Edwards, Chaplain to the hospital, and Dr. McCall then read letters of apology from friends of the institution unable to be present including Mrs. Garrett Fawcett, Lady White, Dr. Helen Webb, Dr. Jane Walker, Dr. Sarah Gray and others. It was a matter of great regret that Miss Marion Ritchie, the Hon. Secretary and Treasurer, so intimately associated with the hospital for so many years, was, by medical advice, unable to be present, but it is hoped her health may shortly be re-established.

The Princess then expressed the very great pleasure it was to her to come to the opening of the new hospital. "It is," she said, "one of the

most interesting of good works. May God bless your work." She then called on Dr. Caroline Sturge, Chairman of the Hospital, to move the adoption of the annual report, which was in the hands of the meeting. This she did in an interesting speech, in which she gave a résumé of the history of the hospital. It was now, she said, 30½ years since the Out-patient work was first started, and the need of beds began to be felt almost at once. At a meeting held on the 26th

January, 1889, the hat was sent round with the result that £50 was collected and two beds were installed at 2, Pentonville Road. The success of the enterprise soon warranted a larger scheme, and 74, Jeffreys Road was then taken. Finally encouraged by the promise of assistance from the King's Fund, the Committee decided on building a hospital designed for the purpose, but the accomplishment was delayed, first by the passing of the National Insurance Act, and the doubt as to how it would affect the In-patient departments of maternity hospitals, then by the strike in the building trade, but with the outbreak of war the strike came to an end, and by the end of 1914 the building was practically complete. Funds had been raised mainly through a generous anonymous

gift of £1,000 in 1912 and another £2,000 from the same source later. The King's Fund had given £3,500, and the anonymous friend or friends had lent the committee a further £3,000. Money was still needed. The committee would like to start the new hospital free from the debt of £3,000, and with an increased income for upkeep.

This was seconded by Dr. McCall, who reminded the meeting that there was no time when the saving of infant life was more important than at present. The objects of the hospital were to help married mothers, for whom there was not suitable accommodation in their own homes, to care for un-



MISS ELLEN CHIPPENDALE.  
MATRON, CLAPHAM MATERNITY HOSPITAL.

married mothers with their first babies, and also it had a sphere of work as a training school for medical students, and for midwives and monthly nurses. The later training was gradually being merged into one, and with the six months shortly to be required by the Central Midwives Board, pupils would be able to receive three months' instruction in monthly nursing and three months in midwifery. Temperance work was another feature of the work of the hospital, and it was impressed upon the mothers that alcohol was unnecessary for them.

Dr. McCall stated that subscriptions at present amount to £150, and pleaded for increased regular and steady support. Other speakers were Dr. Isabella Macdonald, and Dr. Louisa Garrett Anderson, one of the surgeons in charge of the Military Hospital, Endell Street, W.C., who said she received her midwifery training in the hospital, and amusingly described the "horrible time" she had when sent to a case for the first time alone. She was helped through by the patient, who assured her, "It will all come right, dearie; it will all come right. I've been through it ten times before." She further said that no one quite realized with what leaps and bounds the work of medical women was going ahead, partly because it was part of the great women's movement, partly because this terrible war had forced even the Government to use women's work, and, though we deplored the cause, we rejoiced in the fact that women were allowed to do work of which they were capable.

Lady Macdonnell proposed, and Dr. Lettice Bernard seconded a most cordial vote of thanks to the Princess for presiding, and in replying Her Royal Highness wished the hospital the greatest success. She referred also to the fact that thousands of nurses were caring for the sick and wounded in Belgium and France, and that British nurses were wanted.

The meeting concluded with three cheers for the King of the Belgians and another for the Princess, and those present then adjourned, first for tea, which was served at little tables in several empty wards, and then to go round the hospital.

The central block stands back from the road, and the main staircase directly faces it, the wards being arranged on three floors on either side. The hospital has accommodation for fifty patients, and the majority of the wards contain four beds, though some are larger. The red and white quilts and red screen covers, and the abundance of light make them very bright and cheerful. The windows, which are a feature, are divided into two sections which open outwards horizontally and simultaneously, and while affording free ingress of air they are constructed with the idea that it is impossible for anyone to get through them.

The labour rooms are very well arranged, the bed being fitted with narrow slats of wood, completely preventing sagging, which can be readily removed and cleaned after each case. Hot and cold water are laid on. There is a nursery for the babies, and they all sleep there at night, thus

permitting the mothers to have restful sleep. The roof of the hospital is flat, so the nurses can enjoy the fresh air during their off duty time, and it is possible also to sleep out of doors. The floors and walls of the building are fireproof, and there is also an outside iron staircase in case of fire.

The crockery for the use of each nurse in connection with the patients is marked with her number.

The hospital has its own laundry attached, and the soiled linen goes down from the wards daily.

We hope that the institution which has done such good work in the past, under difficult circumstances, has a useful and prosperous career before it in the charming new building.

Many of those trained in the school will be glad to have the accompanying picture of the Matron, Miss Ellen Chippendale, who received her professional training at the Leeds Union Infirmary.

M. B.

## THE CENTRAL MIDWIVES BOARD.

The monthly meeting of the Central Midwives Board was held at Caxton House, Westminster, S.W., on Thursday, July 22nd. Sir Francis Champneys presiding.

### REPORT OF STANDING COMMITTEE.

On the recommendation of the Standing Committee the Board accepted certain drafting amendments which the Lords of the Council considered should be made in the new Rules submitted to them, providing for the extension of the period of training, and it was agreed that the Privy Council be so informed.

A letter was read from Dr. A. Stookes, one of the Board's examiners at the Manchester Centre, questioning the propriety of allowing a midwife to undertake intra-uterine manipulations, as suggested by one of the questions set at the examination of June 15th.

The Chairman's reply was read and approved.

Dr. Stookes in acknowledging the letter said he was of opinion that intra-uterine manipulation by midwives should not be encouraged. He considered in case of hæmorrhage that bimanual compression was safer.

In Liverpool midwifery was passing into the hands of midwives, 78 per cent. of the cases being conducted by them. He considered that midwives had too few opportunities for practical work in their training. They might be able to answer examination questions but the actual training had not improved. He instanced the case of one candidate who had only made two vaginal examinations during her training.

The Board decided to reply that they had carefully considered Dr. Stookes' letter and they considered that the words, "in great emergencies," guarded the question from the charge of encouraging unjustifiable interference.



If a candidate proposed to do anything not justified by the emergency, it became the duty of the examiners to deal with this fault in their award.

If the answers showed want of proper instruction, the question would be likely to elicit more accurate teaching from the teachers.

They hoped that the quality of the teaching on which Dr. Stookes commented would improve when the course of the curriculum was lengthened, as had been recommended by the Board. It was always the duty of an examiner to reject a candidate whose examination showed that she was not safe to practise as a midwife.

Miss Paget moved that enquiry be made where the candidate who had received such inadequate instruction in making vaginal examinations was trained.

The Secretary said records were kept of such reports by examiners, and it was accordingly agreed that it be an instruction to the Secretary to look up the facts.

We agree with Dr. Stookes that if a midwife has not had definite practical instruction in the difficult subject of intra-uterine manipulations the patient is safer if she leaves her alone, as ignorant manipulation is likely to do more harm than good.

It is a question whether, in the interests of the lying-in mother, practical instruction should not be given to midwives during their training on this subject on the definite understanding that they will transgress the rules of the Central Midwives Board if they use their knowledge except in grave emergency when the services of a medical practitioner are unobtainable.

In two cases correspondence was considered concerning certificates which appeared to have been tampered with and it was decided that the candidates should not be admitted to examination.

Correspondence was also submitted with an Approved Midwife who has been in the habit of sending up for Examination on Schedules signed by her, candidates, the majority of whose cases had been taken under the exclusive supervision of midwives not approved by the Board.

It was decided that the midwife should be removed from the list of those approved to train pupils.

In reply to an enquiry from Dr. F. N. A. Menzies, Principal Assistant Medical Officer of Health of the County of London, asking the Board's opinion as to whether the administration of the London County Council Bill dealing with lying-in homes, assuming the event of its becoming law, should be entrusted to the London County Council or to the various Borough Councils, the Board strongly approved the view of the Chairman, expressed in his letter to Dr. Hamar of July 15th, that administration should be entrusted to the London County Council, not to the Borough Councils.

#### APPLICATIONS.

*For Removal from the Roll.* The applications of

seven midwives for the removal of their names from the Roll were granted.

*For Recognition as Lecturer.*—The following applications were granted:—Walter Andrew Bowring, F.R.C.S., L.R.C.P.; Trevor Berwyn Davies, M.D., F.R.C.S.; Hugh Netherlands Fletcher, M.D., F.R.C.S., Edin.; Theodore Henry Ionides, M.B., F.R.C.S.; Charles Henry Jacob-Hood, M.R.C.S., L.R.C.P.; Joseph Shardlow, M.B.

*For Approval to Undertake the Practical Training of Pupils.*—The following applications were granted:—Miss Grace Edith Blott, No. 24458; Miss Elsie King Hollway, No. 25318.

The next ordinary meeting of the Board will be held on October 7th and the next Penal Board on October 28th.

#### MIDWIFE'S LIBEL ACTION.

Echoes of the "Stock" case were heard recently at the Birmingham Assizes. It will be remembered that Mrs. Stock's name was removed from the Midwives Roll by the Central Midwives Board on a charge of misconduct, and, on appeal to the High Court, she obtained a reversal of this decision, as the Court held that the proceedings at the hearing of the case by the Central Midwives Board had not been conducted in accordance with the Board's rules.

At the Birmingham Assizes Mrs. Stock brought an action for libel and claimed damages against the Rev. W. Dore Rudgard, Vicar of Longford, the libel complained of being, it was asserted, contained in a letter written by the defendant to Dr. Bostock Hill, Medical Officer for Warwickshire. This letter was read at the hearing of the case before the Central Midwives Board.

Mrs. Stock stated in evidence at the Birmingham Assizes that she was granted a separation order by the Warwick magistrates, and made arrangements for the Guardians to take charge of the two children.

In 1912 she left Warwick, and took rooms at Longford, where a widower named Hill was the father of a child born to her in November. In February, 1914, Hill took a house in the Longford Road, where she, Hill, and his sister lived.

She became connected with the church working party, and also had a Red Cross working party at her house. As the majority of the subscribers to her party wished the garments to go to the Red Cross Society she sent them to the Coventry Branch and not to the church. She admitted receiving a letter of apology from the defendant. As her practice had been ruined she was anxious to obtain damages.

The defendant, in his evidence said he was advised to write the letter to Dr. Bostock Hill. He did not know whether the statements in it were true or false. He wrote it in order that Dr. Bostock Hill might, if he deemed it advisable, use it at the hearing of Mrs. Stock's case before the Central Midwives Board.

The jury awarded the plaintiff £50 damages, and judgment was entered accordingly.

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## EDITORIAL.

### A LIBERAL EDUCATION.

The Address of Miss Clara D. Noyes, R.N., President of the National League of Nursing Education to the gathering of associations of nurses at the San Francisco Conference, should be studied by all interested in nursing education. Miss Noyes declared that "never in the history of nursing has the demand for highly educated and carefully prepared women for the widening field of nursing been so insistent, and so persistent," and at the same time pointed out that "nursing schools unendowed, dependent upon the hospital with which they are connected for support, cannot be considered as true educational institutions for it is a well known fact that all such require money in order to live."

It is unquestionable that this dependence of nursing education upon the committees of charitable institutions, not primarily interested in the question, is one of the greatest hindrances to the advancement of nursing. It is not part of their work to subsidise comprehensive schemes of education most essential in the interests of the community and the nurse, but simply to provide for the efficient care of the sick within their walls. It is only necessary to consider what would be the position of medical education, if similarly dependent, to realize the disabilities imposed on nursing by this method.

Education, it must be emphatically stated, is not mere book knowledge.

The influence of environment, the contact with men and women of all classes, and the cultured atmosphere of colleges and universities are factors which largely enter into true education, and which make residence in a university, when rightly used, so invaluable, and a broadening uplifting influence. It is one which is specially necessary in the life of a nurse, for her work

in institutions is singularly circumscribed, her interests often being bounded by the walls of a hospital ward. Private nurses it is true have the opportunity of education which comes from contact with a variety of different people and of residence in a variety of places at home and abroad, and when they are open to such influences they often develop in a most remarkable way.

It is nurses themselves who, feeling their disabilities, have endeavoured to secure the foundation of professional courses in which the development of the nurse is the primary consideration. The most conspicuous example of this is the foundation of the Professorship of Nursing and Health at Teachers College, Columbia University, and of systematic courses of instruction, on academic lines, and the foundation of scholarships connected therewith. The German nurses have followed on the same lines by the foundation of a similar course at Leipsic University, but, so far, there is none to satisfy the aspirations of British nurses, in the United Kingdom.

One of the greatest factors in education, professional or general, is undoubtedly foreign travel, and no greater boon could be conferred on the nursing profession in this country than the foundation of travelling scholarships, and especially scholarships which will enable the holders to attend the triennial meetings and Congresses of the International Council of Nurses which are an illuminating and liberal education to those fortunate enough to participate in them. It will be noted in the letter from Miss Beatrice Kent from San Francisco on page 119, that the key note of the recent conference to her was the keen desire and effort of American nurses to set up a high standard of nursing education. Their success in the attainment of this object in the past, the result of conscientious work, must inspire those who come in contact with them to emulate their zeal.

## FIGHTING THE FLY PERIL.

A popular and practical handbook, by Mr. C. F. Plowman and Mr. W. F. Dearden, M.R.C.S., D.P.H., J.P., on "Fighting the Fly Peril,"\* has been opportunely published by Mr. T. Fisher Unwin. The book has an introduction by Dr. A. E. Shipley, F.R.S., Master of Christ's College, Cambridge, whose own illuminating book on "The Minor Horrors of War" has already been reviewed in this JOURNAL.

In their Prefatory Note the authors point out that "bibliography on flies is large and comprehensive, but consists chiefly of such works as ordinary people do not buy. Scientists discover truths and may lay down health-laws for the guidance of the people, but unless knowledge of these is within easy reach of the masses, there cannot be the necessary co-operative action which alone can obtain abatement of a great evil, such as the spread of disease by flies. The present work is addressed to sensible, practical people with little time, perhaps, for study of scientific problems, but who have ideals in cleanliness, and wish at least to know what is the right thing to do, and then how to do it—and get it done."

Dr. Shipley, in his introduction, writes that "till some score of years ago the ordinary man in the street, or, as they say in America, the 'man on the ears,' regarded the larger *Carnivora* and the *Reptilia* as the greatest enemies of man—tigers and lions, crocodiles and snakes 'jump to the eye.' Now, with our increasing knowledge of the organic world, we know that the depredations of the vertebrates are as nothing compared with those of small microscopic protozoa and certain low species of fungi. These are in the main conveyed to man by insects, and of these, three stand out at once—(i) the flea, which conveys the plague from rat to man or from man to man; (ii) that beautifully delicate, graceful insect, the mosquito, which conveys the malarial organism from man to man, an insect frail and slender, and with gauze-like wings, which, in the opinion of many, destroyed the civilization of ancient Greece, helped to wreck the Roman Empire, and kept for twenty centuries the great Continent of Africa a closed realm; (iii) the household fly.

"With regard to the title of the book. Important as it is to kill every fly, the real key to the whole situation is the manure heap. What we want to get is a cheap and effective

means of destroying the ova, the larvae, and the pupæ in the breeding places, without destroying the value of the manure. A week or two ago a General commanding the troops in or about a southern town wrote and asked me what steps could be taken to prevent fly pests. I replied the only efficient means of keeping flies down is to prevent their being hatched. . . .

"Nothing has been more remarkable during the progress of the war than the eagerness and self-sacrifice of the women of the country in doing everything they can to help the fighting forces. But they have not always had the chance they all yearned for. If I could have my way I would ask all the unemployed women of the country to turn themselves into sanitary corps to fight flies during this and the following summer. Women are far more conscientious, far more patient than men, and they have a sense of cleanliness and hygiene far greater than that of the mere man. If in every village and in every town a corps could be organized of women with power to act, I honestly believe that the appalling mortality from infantile diarrhoea, which lags but one week behind the curve with the greatest abundance of flies, would be most materially diminished, and with it would go many cases of enteric, anthrax, and other diseases that are destroying so many we want to keep alive.

"The rôle that flies play in spreading disease should be taught in schools, at any rate to the older pupils. If we could rear a nation with this knowledge in their minds, we could hope in time seriously to lessen this intolerable nuisance."

The authors deal in their opening chapters with the fly peril from the public health aspect, and the menace of the house fly.

### THE SPREAD OF DISEASE.

Concerning the conveyance of bacteria, it is pointed out that "the mechanical transference of bacteria and other micro-organisms from the body and appendages of the fly are sufficient to account for the distribution of infection, but that bacteria and other organisms will live longer in the internal organs than on the exterior of the fly. . . . From the gut of the fly infection is spread through the 'vomit spots' deposited from the mouth or through the excreta in the form of familiar fly 'specks.'

"Flies are capable of infecting milk through the alimentary tract or the proboscis, ten or eleven days after feeding on infected material. Flies not hitherto infected will become so through sucking at the deposits left by other flies."

\* T. Fisher Unwin, Ltd., Adelphi Terrace, London. 1s. net.

Amongst the diseases spread by flies are enteric fever, summer diarrhoea of infants, diarrhoeal sickness, cholera, dysentery, anthrax and malignant pustule, tuberculosis, and probably ophthalmia, gangrene, and plague. Their connection with the spread of smallpox, diphtheria, and leprosy is also suspected. Clearly, therefore, those waging war upon them are rendering valuable service to the human race.

#### PREVENTATIVE AND REMEDIAL MEASURES.

Of all control measures the prevention of breeding is, we are told, by far the most important. "Malarial and yellow fever are eradicated by the interference with the rearing places of the mosquito. Similarly the house fly could be controlled, and its power as a disease carrier nullified. As has been said, the chief rearing place is horse manure. An ideal method would be to prevent the access of flies to all such refuse, but in many cases this is impracticable. Horse manure should be treated with some substance which would destroy the larvæ or prevent the eggs from hatching. It has been observed that flies prefer to oviposit in the warm excreta, and on this account eggs are often deposited in the manure before it is thrown into the storage receptacle.

"No expedient which does not aim at the actual and positive destruction of the fly larvæ is of any real value. Even the slaying of the millions of adult flies cannot have the beneficial effect that must inevitably follow the destruction of the larvæ, for the reason that the progeny of any single female fly killed, if it has had an opportunity of depositing its eggs, may still total many millions during the summer season."

#### OVICIDAL AND LARVICIDAL TREATMENT.

The stern necessity of dealing with the destruction of the fly since its recognition as a disease carrier induced the United States Bureau of Entomology to undertake, in conjunction with the Bureaux of Chemistry and Plant Industry, investigations for the purpose of finding a chemical that would destroy this pest in its principal breeding place, namely, horse manure, without reducing the fertilising value of the manure. Twenty-four different chemicals were tried in various concentrations, but only seven showed decided larvicidal action in the strengths used, and the only ones which came under the "satisfactory" definition are borax and calcined colemanite, the latter being crude calcium borate, as mined in California, after subjection to a high temperature. These

should be applied by means of a flour dredger, in definite proportions, immediately the fresh manure is removed from the stable, and particular attention should be paid to the outer edges of the pile.

There is an interesting chapter on educational work, and on research work in the United States of America, and the concluding chapter describes a British experiment. A very interesting illustration represents a fly trap at the end of (1) the tenth and (2) the eleventh days, placed over untreated manure. In the latter case 932 flies were taken out after chloroforming.

No. 3 shows a fly trap placed over manure treated with borax or calcined colemanite at the end of eleven days. Only one very sluggish fly appeared.

The results "prove the tremendous influence exerted by both borax and calcined colemanite as larvicidal agents."

### HOW SHOULD AN OPERATING SURGEON BE GOWNED ?

Dr. Francis Reder asks the above question, and proceeds to answer it in the *American Journal of Surgery*.

"What is the proper garb for a surgeon? Let us enumerate the necessary parts for his attire. For his head, a piece of gauze not less than six thicknesses, with a width of about four inches, long enough to encircle the head. This gauze bandage covers the forehead, and should reach the eyebrows. A similar gauze bandage is applied in a manner to cover chin, mouth (and nose, if so desired), and the cheeks; it is secured on top of the head. Upon the head is then placed an operating-room cap. This covers up the hair. The dressing is not as hot as it appears. It is comfortable. The gauze bandages are thick enough to absorb all perspiration, so that there is no need of any wiping; the face feels quite dry. This face dressing is best applied by the surgeon himself, as he can better adjust it to his comfort than a nurse. For the body, a medium heavy shirt of a cotton fabric (a basket weave is admirably suited to absorb perspiration), duck trousers and duck shoes (tennis shoes with white rubber soles), constitute an attire that is beyond criticism. These articles of dress, excepting the shoes, should be surgically clean, *i.e.*, next to being sterile. The clothes are worn next to the skin, all other clothing (undergarments) having been removed.



"In this garb the operator prepares his hands and arms for his surgical work. Having finished with this process, he proceeds to don his sterile operating-room gown, with the assistance of a nurse. It should be of a medium-weight cotton fabric. The fabric known as 'galatea' is a very desirable one. The gown should fit comfortably, and have a length that reaches to the ankles. Its sleeves should extend to the wrist, so that the operator may experience no difficulty in putting on his rubber gloves.

"As a precaution and additional safeguard, it has been my custom to wear a pair of sterile bags or mittens over my gloved hands while the patient is being prepared for operation. These mittens are very loose, and reach up to the elbow. They are made of medium heavy duck, which gives them a certain amount of stiffness, thus facilitating the placing of the gloved hands into them.

"Some surgeons wrap a towel moistened with a 1:5000 bichloride solution, or with a normal salt solution, about their hands. This answers the same purpose, that of an auxiliary protection, while the final preparation of the patient is made. My preference is given to the mittens, on account of their simplicity and their perfect protection. The idea was adopted by me after having seen Dr. Franklin Brady, surgeon to the Roosevelt Hospital, in Philadelphia, wear them."

Dr. Francis Reeder registers an expression of condemnation of the surgeon who operates in his undershirt. "This is a base fault," he says, "a surgical sin."

### OUR PRIZE COMPETITION.

Was our question on the iodine treatment of diphtheria too puzzling, or was the holiday season responsible for the dearth of suitable replies? We regret that we are unable to award a prize.

Iodine, as employed by Dr. A. H. Thomas in the treatment of diphtheria, is applied in the form of ointment, containing 5 per cent. of free iodine. Three cotton-wool mops are used in this method, two to remove the secretions and false membrane and to dry the affected surface; the third, after smearing it with the ointment, is thoroughly rubbed over the inflamed tissue and surrounding areas. These applications are repeated every three hours, or, in severe cases, every two hours, until improvement occurs.

Dr. Thomas has had excellent results with cases so treated.

### NURSING AND THE WAR.

Queen Mary's Hostel for Nurses at 1, Tavistock Place, W.C., is already being widely used, and in fine weather tea can be enjoyed in the garden at the back, an uncommon privilege in the centre of London much appreciated by the guests. One of the privileges of the Hostel is that any nurse requiring medical or dental treatment receives it free of charge while there. Friends of the Hostel are also kind in sending concert and theatre tickets, so that the visit of the guests is made very pleasant to them. Amongst those who have shared its hospitality are a number of Canadian nurses and one from New Zealand.

The following Canadian nurses arrived last Saturday and are awaiting orders at Queen Mary's Hostel:—Miss Myrtle C. Burt, Miss Lulu A. Charlton, Miss Ethel R. Cook, Miss Martha S. Fletcher, Miss Eleanora H. Kirkby, Miss Margaret J. Landells, Miss Eleanor Milne, Miss Lily McCallum, Miss K. McGrath, R.N., Miss Sarah Payne, Miss Fanny E. Pike, Miss Elizabeth J. Reed, Miss Ellen Sagar, Miss Ethel Villeneuve, Miss Elizabeth Winters.

Lady Llangattock received a party of these Canadian nurses at South Lodge, Rutland Gate, on Monday, when Sir Robert Borden, who was amongst the guests, and addressed the nurses told them how proud he was of what the Canadians had done in connection with Red Cross work. He had visited their hospitals in England and France, and they were most excellently conducted in every respect. He had met both British and Canadian soldiers and officers in these hospitals, and it was really pathetic to see with what courage and patience they bore their sufferings. Boys of 17 to 20, severely wounded, endured all their suffering with an infinite patience that was most touching. At one hospital he addressed 870 Canadian convalescents, and he was never more moved than he was by the bearing and appearance of the men with whom he spoke—their brave faces, eager, intent eyes, and not merely their willingness, but their anxiety, to return to the front, and again perform the duty which they had so splendidly discharged on the battlefields of France and Belgium.

Our illustration shows a group of wounded soldiers, and their nurses at the Royal Infirmary, Leicester. In the centre of the group is the Matron, Miss Vincent, to whose courtesy we are indebted for this picture. As our readers are aware Miss Vincent is not only Matron of the Royal Infirmary, but Principal Matron of the 5th Northern Division, Territorial Force Nursing Service, the uniform of which she is wearing.

A Scottish correspondent sends us the following

advertisement clipped from a leading daily in Scotland :—

**CONVALESCENT Home** (small private, for soldiers — Matron, middle-aged, to act as cook housekeeper, with assistance; some knowledge of nursing required; total abstainer; state age.

The men who have risked their lives for the Empire and suffered in so doing surely deserve the best nursing care that the country can give them until fit for duty again, not "some nursing," thrown in with cooking and housekeeping.

The Hon. Albinia Brodrick writes from Ballinacoon, Caher Daniel, co. Kerry, of the hospital upon which so many hopes are centred :—

"It is good news with us this year. The end

patients, a water-bed, shirts, and other articles of wear, a bed with bedding, a roll-top desk, the combined gift of several friends and to our joy a splendid selection of apple trees and gooseberry bushes for our long-hoped-for fruit farm, besides apple trees from another friend.

At the outset of the war we sold our mare and foal, realising £25 9s., and bought a humble donkey, which now runs well in a neat little cart. From farm and garden we have sold just over £76 worth, making £101 10s. during the year. By the letting of our cottage we made £4 3s. 3d. Our turf bog, especially in these days, proves a great comfort."

A Sister writes from France that it is one of the saddest sights to see poor women, especially



Photo.]

MISS VINCENT, Matron.

[T. E. Moore, Clarendon Park, Leicester.

#### GROUP OF WOUNDED SOLDIERS AND THEIR NURSES. ROYAL INFIRMARY, LEICESTER.

is in sight; and that such is the case is due entirely to the war.

"When war broke out last August, we had closed down our work and dismissed our tradesmen for want of funds. Naturally our first thought was to offer the hospital for service. It was accepted 'if and when required'—so the money had to be found somehow and the work set going again. With the change of War Office policy we are now notified that we are not to be called upon. Well, we were ready to do our bit. Wonderful are the ways of the War Office where nursing is concerned.

"We have had several special gifts during the year—the lockers for our twenty-two prospective

on market days, doing men's work in widow's weeds.

Writing from a French Red Cross Hospital, an untrained Englishwoman says:—"I have to do what a three years' trained nurse does in England for my fifty patients, as the priest infirmier and the two orderlies know less than I do. Fortunately we get on all right, and our patients recover in a delightful way. Such obtuse vanity and intense ignorance makes one wince for one's sex. Poor patients!

Miss M. Desmond Hackett, of the Women's Emergency Corps, writing of Mr. Lavery's picture

"Wounded 1915" with the cool ward, the trim beds, the white table, the spruce nurse, and the whole effect of concentrated sunlight, says that it makes one feel that although there must be pain in the wake of war, those at home are doing their utmost to deal with it in pleasant places. This is the least of our duty, we who, for any reason, are unable to take an active part.

But she shows us another side of the picture: "Let me say at once I am not speaking of sunlight, or flowers, or white walls, but of a hospital within sound of the guns, behind the French lines; and although there are some details I cannot give, every-day events that are too nauseating, I am going to trample under foot all ideas of romantic war, scatter artistic descriptions to the four winds, and tell as nearly as I dare, because of the extent of their needs, the life and patience of our wounded Allies, the French soldiers.

This hospital is capable of holding 1,500 patients, while the buildings are formed of 24 "batiments," or isolated wards. Each "batiment" contains 8 long stone-paved rooms on the ground floor, with two windows at the far end of the room. There are about 60 to 70 patients in each "batiment," and there is ONE NURSE. There are soldier stretcher-bearers to help. At night there is one nurse to three or four "batiments," that is to say, one nurse to between 180 and 200 men. The first 16 or 18 buildings are occupied only by the wounded, the others are for infectious cases, and are therefore isolated.

As we drove up to "Batiment No. 1 A," ambulances were coming in laden, and leaving at once empty for the front; stretcher-bearers were passing in and out of the wards with the wounded from the ambulances; there was more work to do than men to do it, and in the dust of the roadway, in the burning sun, lying only on the canvas stretcher, the wounded were waiting till the orderlies could carry them into the wards. First we went to the amputation wards. Some of the patients were asleep; some were sobbing and writhing in the agony of the aftermath of the operation; some were lying on the hard beds, still covered with the caked mud and blood, just as they had been brought from the trenches. Some, quiet and resigned, watched with wondering eyes this holocaust of life before them.

One man, naked but for the coarse grey sheet thrown loosely over him, and whose arm had just been removed, lay unattended, vomiting and choking from the ether. The smell of blood, leather, clothes and disease was stifling."

## FRENCH FLAG NURSING CORPS.

Miss Isa Scott, of Bowden, St. Boswell's, has sent a most generous contribution to Lady Barclay for the F.F.N.C. with the promise that she will send bundles from time to time. Amongst the gifts, all of which will be greatly appreciated in France, are eighteen beautiful fine woollen shirts, many pairs of socks, thirty dozen handkerchiefs, towels, serviettes, and tray cloths, beautiful white linen operating gowns, feather pillows, 1 dozen fancy cushions, medicine and ear syringes, soap, walking sticks for the wounded, writing materials, and many other things, and what is so nice, everything of the very best quality. Miss Scott writes: "I have a great love for the French, and they are brave and standing between us and the enemy."

Mrs. Keith Peter, St. Lucia, West Indies, has also sent another splendid gift (forty soft cushions have already been sent from her through the F.F.N.C. to France), which she has collected, composed of 100 small covered cushions, feather pillows, 24 pillow covers, 220 bags for contents of wounded soldiers' pockets when in bed, lint and bandages. These valuable gifts will ease many an aching limb, and it is well our brave Allies should know how their suffering is realised by British women in many parts of the world.

Many nurses who are now working abroad are finding that their uniform now needs renewing. Messrs. E. & R. Garrould, 150-162, Edgware Road, W., and the Hospitals and General Contracts Co., Ltd., Nurses Equipment Section, 21, Mortimer Street, London, W., are well known firms which make a point of studying the needs of nurses, and know the exact details of the uniforms of all the Government Services and principal hospitals.

Miss Haswell expresses the opinion that the usual indoor uniform worn by English nurses is not the most practical for war time. She disapproves the long sleeve, which is untidy when rolled up, and the hard slippery cuff, when pulled down. She likes the Danish sleeve, which comes just above the elbow on which a neat pointed piqué cuff is stitched. We hope to have some good suggestions on this question in our Prize Competition Papers, August 28th.

In thanking Lady Barclay for forwarding hospital comforts to Dunkerque, Sister Lind points out that "*malades* always come off second best in comparison with *blésés*." That is because the care, comfort and cleanliness of the patient and his surroundings, whatever his disease, have not yet been grasped by the auxiliary nurse, as true scientific nursing. Only wounds are of vital interest to the war nurse, and when the wound is dressed the real details of true nursing are considered superfluous. Yet it is these details in the nursing of sick men in the isolation blocks of

## ULTRA-VIOLET RAYS IN FROSTBITE.

A French medical journal describes the application of the ultra-violet rays in the treatment of frozen limbs. No appreciable benefit was observed in simple frostbite. When there was ulceration the good effect was marked. In one case the pain was arrested by the ninth or tenth application, and the swelling subsided on the sixth day.

military hospitals in France where many English nurses are finding a splendid scope for their energies, as what may be termed the "dresser" nurse gives fewer wards a wide berth. It is the same at home, and it is a pernicious theory, born of "book" training as apart from clinical work. We wonder in what forcible phrases Florence Nightingale would have described the modern war nurse; we feel sure she would have been in sympathy with Lady Warwick's well-deserved criticism which recently appeared in the *Daily Chronicle*. Miss Nightingale had never any patience with what she aptly described as "the fashionable asses."

Mrs. Heran has stuck to her work at Lisieux since she was placed on duty there some nine months ago. She writes: "We are as busy as ever with the wounded, which often means being on duty from 6.30 a.m. till 9 p.m., in some of the wards where we have all the dressings to do, the Médecin Chef doing the more important ones with us. The hospital has been almost filled for some time, and the wounds seem to us to be more and more grave as the war advances. The poor fellows come in with great gashes out of their limbs, some in a terrible condition of gangrene and suppuration. We expect to be even busier still later on, as there is a new ward of sixteen beds being prepared. The new Médecin Chef takes a great interest in our work, and fully appreciates the services of the Sisters. We have been given a cordial invitation to visit his wife, who has been to see our wards, bringing flowers and fruits to the patients."

Miss Cross, a member of the Corps who unfortunately contracted diphtheria, and has since returned to England, has been awarded the silver medal of the Humane Society in France, given to those who have contracted contagious diseases while nursing them.

#### A LITTLE LOWER THAN THE TOMMIES.

Mr. Will Crooks, most genial of Members of Parliament, who has recently paid a visit to the front has been relating some of his experiences to members of the press, at a reception to them at Poplar in his own inimitable way, thus:—

"By the time your papers are published I shall have called on an old mother down here who will be the happiest woman alive when I tell her that I met her son, who commissioned me to say to her, 'Enery is all right. Tell her that, Mr. Crooks.' I would not break my promise to him if I broke my leg on the way to his mother's house. The war has made a new man of 'Enery, who will be all the better for a little moral improvement—like the rest of us."

Finding some of the Canadians a trifle shy he called out to them, "I wish you men would make a pal of me, like the rest of the boys. I am

neither a king nor a duke; and an M.P. is nobody. I am only a little lower than the Tommies."

Who could fail to thaw under so genial an influence? Not Tommy.

#### JOINT WAR COMMITTEE.

The following nurses have been deputed to duty as under:—

*Eastfields, Camberley, Surrey.*—Miss F. E. Smith.  
*V.A.D. Hospital, St. Matthew's Hall, Willesden.*  
—Mrs. Hyatt.

*North Staffs Infirmary, Stoke-on-Trent.*—Miss M. Gill, Miss I. M. Sweetapple.

*Waverley Abbey, Farnham.*—Miss S. E. Sullivan.  
*Southwood Military Hospital, Eltham.*—Miss B. E. M. Stokes, Miss W. le P. Stokes.

*Scotty Auxiliary Hospital, Carlisle.*—Mrs. Alexander.

*Red Cross Hospital, The Warren, Hayes, Kent.*—Miss G. Haugh.

*Divisional Clearing Hospital, Bedford.*—Miss M. Read.

*V.A.D. Hospital, Strood, Kent.*—Mrs. S. J. Tooley.

*Elmsleigh Bassett, Southampton.*—Miss A. J. Collins.

*Caenshill Military Hospital, Weybridge.*—Miss L. Helen Wilson.

*Red Cross Hospital, St. Lawrence, I. of Wight.*—Miss B. M. Templeman, Miss L. Hogarth.

*Red Cross Hospital, Studley Court, Stourbridge.*—Miss M. S. Wilson.

*Blair Hospital, Bromley Cross, Bolton.*—Miss M. R. Burton.

*Urmston, Blackwater Road, Eastbourne.*—Miss B. Jamieson.

*Abbotswood, Stow-on-Wold.*—Mrs. L. Allan.

*Red Cross Hospital, Cirencester.*—Miss Eva M. Smith, Miss A. F. Boys.

*The Hollies, Latchford, Warrington.*—Miss L. E. Dunster.

*Brickwall, Northam, Sussex.*—Mrs. P. Marples.

*Regent's Park, Southampton.*—Miss M. Nolais.

*Wardell Hospital, Brockley Hill, Stanmore.*—Miss K. M. Moore.

*Yarrow Military Hospital, Broadstairs.*—Miss A. B. Williams.

*V.A.D. Hospital, Wallfield, Hertford.*—Mrs. Penman.

*Milton Hill Hospital, Stevenage, Berks.*—Miss J. M. Nesbit.

*Allan House Hospital, Boston, Lincs.*—Miss S. E. Stephenson.

*S. Leonard's Hospital, Sudbury, Suffolk.*—Miss M. L. Bouvier.

*9, Eastern Terrace, Brighton.*—K. F. Irwin.

*Newton Red Cross Hospital, Sturminster Marshall, Wimborne.*—Miss D. E. Oakhill.

*Waverley Abbey, Farnham.*—Miss J. B. Oddy.



## THE CARE OF THE WOUNDED.

The King and Queen, attended by the Lady Amphyll and Commander Sir Charles Cust, Bart., R.N., visited the sick and wounded soldiers who have returned from the Front, at the Reading War Hospital, Oxford Road, Reading, last Saturday afternoon.

The Travelling X-ray Motor Ambulance of the Committee of the London Units of the Scottish Women's Hospitals N.U.W.S.S., which is about to proceed to the Front, in charge of Dr. Savile, was on view in the beautiful grounds of Bedford

need is most urgent will no doubt prove most welcome.

The Ambulance or Van, which with its outfit has cost £1,100, and weighs 30 cwt., is a model of what may be compressed into a small space. In the front of the van is the Dark Room, which is equipped with developing dishes, fixing tank, washing tank, and draining rack, with a lead-lined sink; it is provided with a 20 gallon water supply, under pressure, and is lighted by either a Day or Electric Light Dark Room Lamp. An efficient system of light-tight ventilation is also provided.

The X-Ray Couch, which packs into the side of the van, is fitted with enclosed Type tube box insulated with 3mm. rubber protective throughout



LE GRAND HÔTEL DE L'OCEAN,  
DR. DEPAGE'S HOSPITAL AT LA PANNE, BELGIUM.

College, Regent's Park, by courtesy of the Principal, on Thursday, July 29th, and Friday, July 30th, by invitation of the Lady Cowdray, when many people availed themselves of the opportunity of seeing this valuable aid in the treatment of the wounded. The Ambulance, which will work under the French Red Cross, has a staff of four women, the doctor, two orderlies and the driver. The uniform of the staff consists of a khaki-coloured coat and skirt with patch pockets, faced with the Gordon tartan, and bearing the distinctive thistle of Scotland. As the supply of expert radiographers is short, this Ambulance, which can readily move from place to place where the

square-leaved diaphragm, and a special design of protective apron attached to the couch, and with mirror device for protection during screening.

The tent which is carried, and which, when erected, forms the entrance to the van, forms a room 12 ft. long and 8 ft. wide, and is water-tight and practically light-tight. The whole of the equipment is erected in this tent.

The method of accurately locating both the position, and the depth of bullets by means of a fluorescent screen or an X-ray photograph was demonstrated.

The ambulance, which will be known as the "Ambulance Flottante," was equipped

under the supervision of Mme. Curie and Mrs. Ayrton.

The car, now no longer in the peaceful precincts of Regent's Park, will soon be speeding on its mission of mercy along the line of battle in France.

The first hospital in this country for wounded New Zealanders was opened on Saturday last at Walton-on-Thames for men sent home from the Dardanelles, by Sir Thomas Mackenzie, High Commissioner for New Zealand. The house—Mount Felix—is in a beautiful position, surrounded by gardens, and overlooking the river. There are at present 150 beds, to which New Zealanders in other hospitals in this country will be sent at first, but as the wounded from the Dardanelles arrive more beds may be added. The Government of New Zealand and the War Office are co-operating with the New Zealand War Contingent Association in the organisation of the hospital.



THE FUNERAL OF MME. DEPAGE AT LA PANNE.

Mr. H. J. Tennant, M.P., deputy-chairman of the Great Northern Central Hospital, Holloway Road, N., presiding at a "View Day" gathering, which was held on Thursday in last week, said that the hospital had already dealt with over 500 wounded cases.

The King and Queen had visited the hospital, and had expressed their entire satisfaction with the work for the wounded which is being carried on. Expenses had increased, and it was vitally necessary that £12,000 to £14,000 should be provided without delay. The increased use of the massage, electrical, and X-ray departments had added considerably to the year's expenditure.

He was very anxious to acknowledge the great assistance which the hospital has received in kind from Canada, Queensland, and Victoria.

Useful work is being done at the Rest Station,

Boulogne. In one week recently 838 men were fed, being chiefly on evacuation trains, 1,480 others given magazines, cigarettes, &c., 26 patients treated in the dispensary, and 1,394 magazines distributed to sick and wounded on trains and in hospital.

The Commonwealth of Australia has decided to double the Australian General Hospital in England by providing an additional 1,040 beds.

*The American Journal of Nursing* says that an American gentleman, chairman of the committee of the American Red Cross Hospital, writing from Munich, says:—

"We have a school in our hospital where we teach the crippled fellows there, who have lost a leg or an arm, or otherwise maimed, typewriting, stenography, bookkeeping, drawing, besides French and English. There will be no paupers in Germany after the war. The men are so well educated and learn so fast it is a pleasure to teach them. Less than one two-hundredth of 1 per cent. of the German army are unable to read and write. We have two M.D.'s among our patients, one lawyer, and one musical composer, all privates and volunteers. There is plenty to eat and enough to last until next harvest of food

of all kinds. We are eating a bread made from potato meal and rye flour, very wholesome if not as good as wheat bread. There is no raising of prices of any commodities, as the government regulates the supply of everything, and the prices. These Germans are a wonderful people."

We have pleasure in presenting a picture of the Ocean Hotel at La Panne, now known as the Red Cross "Ambulance Ocean," where the medical work is organised by the great Belgian surgeon Dr. Depage. Blow upon blow has fallen on Dr. Depage, most bitter of all the death of his wife when the *Lusitania* was sunk. The body of this heroic woman was found and brought to La Panne, and our picture shows her funeral passing along the dunes, followed by the nurses who knew and revered her.

## THE MARLBOROUGH WAR SUPPLY DEPÔT.

Anyone accepting the invitation of the St. Marylebone War Hospital Supply Depôt, 2, Cavendish Square, W., displayed in large letters over its portico, to "Come and See," will find the beautiful house (generously put at the disposal of the Committee by the Earl of Crawford and Balcarres), a hive of industry, in which, under the direction of the Hon. Organizer, Miss Ethel McCaul, R.R.C., much willing voluntary help is being utilized to do valuable work for the comfort of the sick and wounded, the object of the Depôt being to supply at home and abroad surgical dressings, bandages and general hospital requirements, so urgently needed at the present time.

Her Majesty the Queen recently paid it a visit, and was so pleased with what she then saw, that it is, now the Central Depôt of the Surgical Branch of Queen Mary's Needlework Guild; and the Depôts in the country work from patterns supplied from this centre, so that any demand from France can be quickly met.

Miss McCaul and the Heads of Departments are distinguished by close-fitting coats, dove-grey in colour; and her "runners," known as the "Bluebirds," wear a broad blue band of ribbon passing over the right shoulder and joined, below the waist, on the opposite side. The overseers in the various rooms wear a scarlet band round the left arm, with a white "O" embroidered upon it. There are also workers told off to show visitors round, who wear a broad scarlet ribbon over the shoulder and meeting under the opposite arm, who are known as "scarlet runners"; while those connected with the tea-room have a distinctive "T" embroidered on the ribbon.

The running expenses of the Depôt are covered by a weekly subscription of one shilling from the voluntary workers, so that the whole of any donation received is solely devoted to the purchase of material required for making the supplies.

When a representative of this Journal recently visited the Depôt, the whole of the energies of the staff were bent on fulfilling a request from the War Office for a quarter-of-a-million pockets for respirators. Each man at present carries one round his neck, but the pocket will enable him to keep one in reserve. It is made of khaki waterproof lining, supplied from the War Office Clothing Department at Pimlico. These flat pockets are supplied so that the men can sew them on to their uniforms. At the top are two button-holes; and tacked on at the side are two buttons, to be stitched on to the tunic. Each pocket, including button-holes, takes an average worker fifteen minutes to make, but in one room is a fascinating button-hole machine, which makes twelve button-holes in five minutes; this, of course, considerably accelerates matters. In one room, one saw twenty pockets with beautifully worked button holes made by an old lady of eighty-four, anxious to do her bit.

In the bandage room, for the production of all forms of surgical bandages, some very interesting specimens of the Robertson-Lawson many-tail bandages were on view. Mrs. Robertson-Lawson, by whom they were designed, was trained and has recently been working as Sister at St. Thomas' Hospital. She found that for bad hip cases the application of a spica bandage necessitating unnecessary, and painful movement, was quite unsuitable, and so designed a shaped many-tail bandage, which proved quite a success, the dressing being easily and comfortably changed, and the back being quite accessible for care. Mrs. Robertson-Lawson kindly demonstrated the application of this bandage, as well of a shaped shoulder one. Both are made of white flannelette (non-flam), which is easily washed. Any regular Military Hospital can be supplied with patterns on application.

The Departments include the surgical dressings room, the splint room, the moss and pine dressing room, the needlework room, where dressing gowns, bed jackets, flannel shirts, pyjamas, night shirts, and other garments are made, the slipper-room, where slippers of all sorts and sizes for invalids are fashioned, the linen room where old linen is sorted, cut out, and re-made to the best advantage. Thus from sheets are made draw-sheets, operation table sheets, tray cloths, feeders, towels, handkerchiefs, fomentation wringers, and dressings.

From old bath towels, small towels, and washing gloves; from chintz, soldiers' bags; from blankets, hot water bottle covers, under blankets, and scrubbers; from which it will be seen that little comes amiss.

In the men's department there is a large covered carpenter's shop, fitted with benches, where packing cases, splints, and other articles are made. Voluntary men workers are urgently needed to support this department, and are asked to bring their own tools if they have them. All correspondence in connection with the men's department should be addressed to J. E. Needham Esq.

Cake Day on Wednesday, July 28th, organized by Lady Thynne and Mrs. Burdon Muller was a huge success. Over 1,000 cakes were received to be sold for the benefit of British prisoners of war, the Army, the Navy, and the funds of the Depôt.

The Queen sent twelve fine Dundee cakes, expressing the wish that they should be bought for prisoners of war in Germany, and they were quickly sold early in the afternoon at £1 each.

## THE SERBIAN RED CROSS.

Miss Ethel McCaul has been invested by the Serbian Government with the Serbian Red Cross decoration for services rendered in connection with the organisation of relief to the Serbian sick and wounded in the present war.



## A WORD FOR OUR RECRUITS.

Nowadays, when we are all eager to help our country in some way or other, it may not be out of place to point out some of those little kindnesses that we can all do for our recruits. The wounded are being well taken care of and they deserve it; the Belgian refugees are being cheered with a real English welcome; but many of us somehow forget the recruits. They also deserve all we can give them. They are doing what so many of us would like to do, and they are giving themselves freely, but in some cases at great cost. To illustrate my meaning, I will give instances from my own knowledge. One young fellow who has been a valued clerk in a lawyer's office for some time has just "crammed" for his first law examination—of course, with a view to getting his articles and becoming a solicitor. He is engaged, too, and is a steady and intellectual type of his class. When the call came he answered it, without waiting to know whether the place could be kept open for him, or if he would lose that and his salary. He was rejected by the doctor the first time he went to be examined. He had had a mentally exhausting time, and he felt seedy just at the critical moment. However, he tried again and was accepted. Now he has had a fortnight's experience of life as a recruit. I asked him if there was anything one could send that would be specially acceptable. He then told me that they could get no milk, no butter, and that a straw bed and one thin blanket is all they have to sleep in. Now there are blanket clubs all over the country, and I determined to start one for the benefit of the fifteen recruits that have gone from our little town in this last fortnight. It was only when I began collecting that I realised how willing people are to give when they know how and where the money will be spent. In one day I got seven blankets and was given over 15s., and then friends suggested that parcels should be sent to the recruiting depôts at regular intervals.

Now, think what this life means to some recruits. Those who have led a sedentary life suffer terribly with sore feet, and they cannot sleep on account of the noise and the number of others in the room. Then the young men from farms and villages require plenty of food, and many of them have no money for anything extra. Here, I think, is our chance. Surely we could do much for them. Every man should have a cholera belt. They can be knitted, or cut out of flannel and shaped, or a many-tailed flannel bandage will do. Then there are many little things that we can send, trifles in themselves, but so precious to the men. I would suggest condensed milk by way of foodstuff, and the following oddments: Packets of stationery (penny packets), pencils, pens, ink, boric acid in a penny pepper-pot for the feet, permanganate of potash, vaseline, court plaster, buttons, needles, cotton, odd bits of soft linen and rag, also bits of cloth for polishing, mustard leaves. The first parcel should contain a list and details as to the use of things like boric acid and pot. permang.

Of course, the penny packets of "Woodbines" are most welcome, but I would suggest that more

useful things should be sent by us, and that men should be asked to help with the cigarettes. They are always willing to do so, I have found. In fact, only yesterday a friend, hearing of my parcel, at once gave me a box of fifty packets of Woodbines.

I hope these suggestions will be useful to those nurses who want to do something definite, but who do not know how to begin. The parcel should be sent straight to the men. It is easy to get the exact address of barracks where men from one's own town are stationed. D. V.

## GOD DEFEND THE RIGHT.

As we go to press the "Service of Humble Prayer to Almighty God," on behalf of the Nation and the Empire, after one year of war, is being held in St. Paul's Cathedral. It is well that all estates of the realm, from the monarch to the humblest of his subjects should thus meet for worship in the Metropolitan Cathedral. From its pulpit last year the Bishop of the diocese bid our soldiers "forth, and God defend the right." Some of those present have since made the supreme sacrifice, and a reminder of the stern realities of war are the wounded sailors and soldiers, and the members of the Nursing Services of the Imperial Forces under the dome, but still the Empire, confident of the justice of the cause in which it has drawn the sword, prays, "God defend the right."

## THE INQUIRY DEPARTMENT OF THE RED CROSS.

The Inquiry Department of the Red Cross for the Wounded, Missing, and Prisoners of War is moving from the rooms at 20, Arlington Street, hitherto lent them by Lord Salisbury, to 31, St. James's Square, where the Duke of Norfolk has placed the first floor at their disposal.

Letters of inquiry should be addressed to the Secretary, Inquiry Department of the Red Cross, Norfolk House, 31, St. James's Square, London.

## STATE REGISTRATION IN THE UNITED STATES.

The registration laws of several states have been changed. The new law of Connecticut provides for inspection of training schools, compensating the members of the board for their time, increasing the secretary's salary, adding materia medica to the subjects for examination, planning for reciprocity with other states and requiring an examination in genito-urinary diseases for male applicants. But little opposition was met by the Connecticut Legislative Committee and they feel their campaign to have been most satisfactory.

Nebraska's original bill was passed in 1900 and has been radically changed. Registration was formerly under the control of the Board of Health. The new law provides for nominations by the State Association of Nurses, admits nurses under a waiver, provides for reciprocity, and makes registration compulsory.



## APPOINTMENTS.

### MATRON.

**Borough Tuberculosis Hospital, Wilford Road, Northampton.**—Miss Margaret Mathers has been appointed Matron. She was trained at the Merryflats Hospital, Govan, Glasgow, and has been Day Sister at the Borough Tuberculosis Hospital, Northampton, and Charge Nurse at Merryflats Hospital, Glasgow.

**The Launceston Infirmary.**—Miss Nellie Jones has been appointed Matron. She was trained at Bethnal Green Infirmary and has held the position of staff nurse at the Cottage Hospital, Warminster, and has done Matron's duties at the Launceston Infirmary. She has had experience of private nursing.

### ASSISTANT MATRON.

**Devonshire Hospital, Buxton.**—Miss Annie Osborn has been appointed Assistant Matron. She was trained at the North Staffordshire Infirmary and Eye Hospital, and has had experience of private nursing and also of the work of Superintendent of a Nursing Home. She is a trained Masseuse, and holds the certificate of the I.S.T.M.

### SISTER.

**Military Hospital, Edmonton, N.**—Miss M. Marriott has been appointed Ward Sister. She was trained at the Prince of Wales Hospital, Tottenham, N., and has been Night Sister at the General Hospital, Gravesend, and had experience of private and military nursing.

**Workhouse Infirmary, Portsmouth.**—Miss M. Regan has been appointed Sister. She was trained at the Workhouse Infirmary, Dudgey, and has held various poor law appointments.

### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following Nursing Sisters have been permitted to resign the service:—Miss E. M. Bell (April 22); Miss B. L. Cooper (June 5).

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses:—

#### ENGLAND.

*To date, April 1st, 1915.*—Emma Tomlinson, Annie L. Bailey, Mary Morrison.

*To date, July 1st, 1915.*—Ethel F. Goy, Lavinia Foster, Hannah Griffiths, Mary D. McLauchlan, Mary D. Carrick, Marguerite G. Angel, Rita Boorman, Hazel M. Freeling, Ethel M. Hubbard, Edith Jeyes, Lilian G. Lowe, Violet M. Saunders, Milly Taylor, Kathleen I. Elliott, Selina Collier, Louisa Ellis, Mary Horsley, Ruth Wimant, Janet L. M. Williamson, Margaret E. Harrison, Mary T. McKinney, Mary Gibbon, Catherine Casey, Kathleen M. Burke, Alice Roberts, Elizabeth Whitton, Lilian Whitton, Florrie Ward, Sarah J.

McDermott, Annie Holden, Margaret Hull, Elizabeth E. Petersen, Christina B. J. Pottinger, Esther M. G. Sizer, Winifred A. Chenery, Eva M. Fryett, Edith A. Gardner, Hannah Steel, Kathleen G. Cowen, Ethel M. Jones, Victoria C. Patterson, Grace E. M. Servanté, Annie M. Day, May Forshaw, Mabel E. Gould, Eleanor Meacham, Sybil Escombe, Mary Tattersall.

#### WALES.

Sydney Griffith, Margaret Lewis.

#### SCOTLAND.

Isobel J. G. Watt, Marguerite A. Chalmers, Elizabeth H. Combe, Margaret Craig, Clara E. Goodman, Lucy Mitchell, Alice Bondfield Mudie, Christina Nicolson, Mary Buchanan Smith, Georgina W. Strachan, Janet B. Loraine, Katie Maclean, Jean B. Paterson, Isabel Smith.

#### IRELAND.

Caroline Barrett, Ellen Coen, Ellen Lennane, Rose A. Magorrian, Mary E. O'Halloran, Anna Jamison.

#### TRANSFERS AND APPOINTMENTS.

Miss Annie Bower is appointed to Nelson, Miss Christine Couché to Birmingham (Summer Hill Road), Miss Lynda M. Mitchell to Swinton, Miss Kate O'Sullivan to Chatham, Miss Grace E. M. Servanté to Chelsea.

### THE KAISER-I-HIND MEDAL.

Miss A. J. Weighall, Q.A.I.M.N.S.R., who was awarded the Kaiser-i-Hind medal amongst the Indian birthday honours of June last, was for many years the Lady Superintendent of Lady Roberts' Hospital for Officers at Murree, India. She was on active service in the Tirah Campaign, and has been engaged in nursing the sick soldiers and officers in many of the frontier stations.

She was given the order of the Royal Red Cross by H.M. King Edward VII at Buckingham Palace a few years ago, and during the present War has been working in the Indian General Hospital, Brighton.

### THE PASSING BELL.

It is with great regret that we record the death of Sister Emmie Lindhagen. President of the Swedish Nurses Association, Sister Lindhagen was a distinguished member of our profession in Sweden, and when the Lower House of Parliament in that country in 1911 proposed an enquiry into Swedish Nursing, she was one of three nurses, officers of the Swedish Nurses Association, appointed on to a special Committee of Enquiry. Sister Lindhagen attended the International Congress of Nurses at Cologne in 1912, where she made many friends. At the time of her death she was President of the Swedish Nurses Association, to which we offer our sincere sympathy in the loss it has sustained.

## NURSING ECHOES.

An interesting case, of nursing importance, recently heard in the Haddington Court of Session before Lord Anderson and a jury, and fully reported in the *Haddingtonshire Advertiser*, was an action brought by Dr. J. G. Wallace-James, Tyne House, Haddington, against Mrs. Baird, President of the Haddington District Nursing Association. The doctor claimed £5,000 damages for alleged slander in a letter addressed by Mrs. Baird to the Chairman of the Parish Council of Haddington, which he alleged contained statements which falsely represented that he had been guilty of gross and wilful failure to discharge his duty as a professional man by omitting to procure for one of his patients "the help which was within reach, and to which she was entitled." The pursuer said that the letter further represented that as medical officer he had wilfully disobeyed the express instructions of the Parish Council by failing, during 1912 and 1913, to call in the district nurse to parish patients requiring her services, and in particular to the patient above referred to, who, he explained, was not a parish patient at all, and was, therefore, not entitled to his services as medical officer. The pursuer contended that the letter was written with the deliberate intention of injuring his reputation.

The defender, Mrs. Baird, denied having slandered the pursuer, and pleaded that, the letter being privileged, the action should be dismissed. She stated that she is President of the Haddington District Nursing Association, which supports a trained nurse for the benefit of the sick, poor patients being attended gratuitously. The attendance of the nurse was only given on the request of the medical attendant, and all the doctors in Haddington approved of the arrangement. In December, 1913, she received a statement from the nurse with regard to a particular patient, and the letter which she wrote to the Parish Council contained the information she received correctly set forth. She wrote the letter as President of the Association in *bona fide*, and in accordance with her duty. It did not convey, and was not intended to convey, an improper imputation upon the pursuer's character or conduct. She had not, and never had, any ill-will-towards the pursuer.

Dr. Wallace-James, in the course of his evidence, said that in 1908 he knew certain ladies, including Mrs. Baird, started a Nursing Association in Haddington. He did not favour it, as there were a number of women in Had-

dington who made a living by nursing. He was much annoyed by the letter written to the Parish Council in 1913 by Mrs. Baird, and at the serious charges made against him. The patient referred to in one of the cases was an old age pensioner. He had never been requested by the Inspector of the Poor or the Parish Council to give her medical relief. In these circumstances he had no duty to her as medical officer of the parish. He prescribed for her as a private patient. The charge made against him in Mrs. Baird's letter was that he failed as medical officer to send a nurse to the patient. It was a charge of breach of duty. The statements were false: he took the matter up, and a correspondence followed. Mrs. Baird declined to apologize. In cross-examination, he expressed the opinion that the ordinary untrained nurse was as good as any of the other nurses. The three other medical gentlemen in Haddington had greater faith in the trained nurse than in the untrained nurse. He knew that Mrs. Baird had established this Association, and there was a Benefit Nursing Association before that, the nurses of which got a little payment. The new Association provided free the services of a trained nurse. They applied to the Parish Council for a grant, which contributed to the funds of the Association. The nurse appointed was Nurse Oliver, who had some training. In one case he had the instructions of the Parish Council not to call in a neighbour, but a trained nurse. He did not do so because she was being properly attended to. He did not know that the woman had booked a trained nurse. He did not think it was his duty as medical officer to obey the Parish Council, and call in a trained nurse.

At the conclusion of a lengthy summing up, the Judge directed the jury that if they thought the patient, Mrs. Haldane, was being treated by Dr. James as the parish doctor, they would find for the defender, but if she was being treated as a private patient it would be difficult to find that the pursuer's case was not well founded. Obviously the sum sued for was extravagant, and was put in by pursuer to mark the sense of injury which he had sustained. On the other hand, it was not a case for a nominal award, and they should rather err on the side of moderation than on the side of extravagance.

The jury returned a verdict in favour of Dr. Wallace-James and awarded him £1,000 damages.

Dr. George M. Robertson, Physician-Superintendent of the Royal Asylum, Morningside, Edinburgh, who has always been a strong

advocate for the employment of women nurses on the male side of asylums, emphasises in the professional press that if this system were more widely adopted, able-bodied young men, employed as attendants on the insane, might be set free. He writes:—

"Fifteen years have now elapsed since the experiment of employing women on a large scale to nurse male patients in an asylum was tried in Scotland. All that was then said as to the advantages of female nursing for insane men under certain limitations has since been proved true by many observers, and the fears of the early opponents of this system have been found to be negligible, for the dangers that they prophesied have by forethought and care been avoided. The system is now, from the practical experience they have gained of its benefits, very strongly advocated by the Scottish Board of Control, and their judgment can be accepted without reserve. It has been all but universally adopted by the Scottish asylums.

"As there is every indication that all eligible males who can be spared will soon be wanted for our military forces, I take this opportunity of directing the attention of the medical superintendents and the members of boards and committees of asylums in England to this system, as it has up till now scarcely been introduced into English asylums. Not only will they be doing a patriotic duty by introducing these female nurses to enable more of their male attendants to enlist, but they can be assured that they will at the same time be adding to the comfort and well-being of the sick and infirm male patients under their charge."

Miss L. L. Dock and Miss M. E. P. Davis have been made honorary members of the American Nurses' Association, an honour very seldom bestowed. Now that Miss Florence Nightingale and Miss Isla Stewart have passed away, Mrs. Bedford Fenwick remains the only foreigner who enjoys this honour. A Resolution has been sent from the Association to the Department of Commerce and Labour, U.S.A., asking that trained nurses be classed as professional people. Secretary Redfield explained that in the census, nurses are classed as professionals, but that the Immigration Department, to which the resolution referred, is in the Department of Labour. The resolution was then sent to Secretary Wilson, of that Department, who quoted the present ruling in regard to nurses, and gave no hope of a change.

The only way of compelling the Government of the U.S.A. to make the change is for their own Governments to give them legal status

through Registration Acts, when they would have a real claim to the privilege. At present, trained nurses are merely domestic servants.

The ruling of the American Red Cross Society that no nurses would be accepted for enrolment who are not members of the American Nurses' Association has given a great impetus to the application for membership of the Association. There are now 315 nurses' societies federated in this National Organization, containing some 25,000 members—a record to be proud of indeed.

Miss L. L. Dock, as we all know, is in charge of the Foreign Department of the *American Journal of Nursing*, and what she writes "About the War" is worth reporting, as it expresses the beautiful human ideals of this noble and lovable little woman.

#### ABOUT THE WAR.

We have been asked why we do not record events happening in connection with the European War. Books are being written; an English nurse, Miss Violetta Thurstan, has written one—very well, too—and it is published by Putnams. So it may be time for us to remark that the Foreign Department, at any rate, intends to boycott this particular war. The only mention it will draw from us will be denunciation of "war" as a specimen of man's stupidity. This war will get no advertising, no "write ups," from the secretary of the International Council. It is a colossal piece of atavism—of return to the age of the tiger and the ape—and though one or another country may be most conspicuous in aggression and attack, yet all the Great Powers, our own not excluded, share the guilt of maintaining the system, and moving along lines which everybody knows must and will lead to war.

In monopolistic control of land and the earth treasures within—in race hatred and jealousy—in fierce, lawless, and greedy rivalry for trade; in the promulgated belief that one nation can live and grow by destroying, by exterminating another, in all these things what great nation has a clean record? Which one can say, "I am holier than thou?" Can we say it, who exterminated the Indians? Therefore in this column there will be no lines that sound like criticism of this or that nation; no condemnation or disapproval of this or that act. Each one can be matched somewhere else or at some other time. What we condemn is the frightful mismanagement of this fair world; the enormous stupidity of the destruction of life; the pretence that organised, legalised war can be legitimate, that it can have rules, that it

must have a place among institutions. It should be recognised as highway robbery and murder on a vast scale, and if we had, in our midst, organized hordes of highway robbers and cutthroats, nurses might follow in their wake to help rescue the wounded and dying, but if they began to take these bands at their own estimate, share in their feelings, and applaud their rivalries, then would be the dangerous psychological moment, for it is this ultimate approbation that keeps war alive and feeds it with sentimentalism and covers it with a mantle that obscures its real ghastliness.

### OUR FOREIGN LETTER.

#### LETTER IV. FROM SAN FRANCISCO.

DEAR MADAM,—The wonderful and inspiring joint Nurses' Convention, which it has been our privilege to attend, is now over, but the memories of it we shall cherish, as some of the happiest of our experience. About 600 delegates attended. Every session at which I was present has been of deep interest; my only regret was that, owing to the obvious fact that I could not be in three places at once, I could not attend them all; but I picked the brains of good-natured and indulgent people, for I was unwilling to lose anything that could interest and edify my own countrywomen. It speaks well, does it not, for the professional keenness of the American nurses that they travelled such great distances—as many of them did—to attend their Convention, and also that the delightful attractions of the Panama-Pacific Exposition were not strong enough to prevent them from attending in such good numbers the various sessions? Business is business to them, and a serious matter, but when it is over they also know how to play. Comparisons are not always "odious"; on the contrary, they are often encouraging and helpful, especially when it means a retrospective glance into the past. Dr. Aked, in his interesting address to his audience of nurses, on the evening preceding the opening of the Convention, reminded them that 100 years ago there was not a trained nurse in the world, and aptly alluded to those great pioneers, Elizabeth Fry, Florence Nightingale, and also Clara Barton of Civil War times.

The Americans are nothing if not thorough, and in nothing are the American nurses more thorough, more insistent, and more unanimous—as far as I am able to judge—than in their desire and efforts to set up a high standard of professional education. Their standards are already high, but apparently not high enough to satisfy them. Nothing but the best for the sick will satisfy them. This was specially emphasised at the Sessions of the National League of Nursing Education, of which Miss Noyes—Superintendent of Bellevue and the allied hospitals—is President. The members of this League comprise those engaged in teaching the fine art of nursing; it is a long-

established League, with a comparatively new name; it was formerly the Association of American Superintendents, but having grown automatically into an educational league, it took the name. One of the Sessions of that body dealt entirely with training school problems. Proposals were made for newer courses of study, and broader training institutions. One of the problems which appear to exercise the mind of the League is also one of our own, namely, the failure of more young women of educational qualifications to select nursing as a profession. I heard Miss Goodrich—who spoke on many occasions—urge the attractiveness, the satisfaction, the joy of the life of a nurse. She, being Assistant Professor of Nursing, naturally emphasised the importance of a high standard of education, both general and professional. It is the opinion of herself and other nursing experts of this country that the qualification for membership of the profession should be a high school education, or the equivalent. This is the qualification maintained at the Bellevue Hospital. It was during a session of the National League of Nursing Education (a very suitable occasion) that leave was asked of the President, and readily granted, to Miss Charlotte Anita Whitney, of the Congressional Union for Woman Suffrage, to address the meeting on that very important subject. The women of California enjoy State Suffrage, but the speaker, in a few words, urged the necessity for the fuller, and wider political freedom for women, namely, federal suffrage. Here was another pleasing and interesting example of the American women not being satisfied with *half* measures, they must have full measures of opportunities when the well-being of their country is concerned. Miss Whitney proposed the amendment to the National Constitution, known as the "Susan B. Anthony Amendment." This was carried unanimously by the members present. One of the special features of the Convention has been the discussion of the effect of the recently-passed State of California 8-hour law for women upon student nurses. It does not affect graduate nurses. One morning session was largely devoted to it. Opinions for and against appear to be pretty equal. One thing is abundantly clear—it is an expensive measure. I was told that it necessitated increasing the number of pupils to one-third.

At the Monday afternoon Session of the American Nurses' Association the reports of various Councils and Committees were taken. By the invitation of Miss Goodrich, President of the International Council of Nurses, Miss Hulme gave her message of greeting from the National Council of Trained Nurses of Great Britain and Ireland, and great regret has been expressed by your American friends at the absence of yourself and Miss Breay. Miss Goodrich also gave me an opportunity of giving a brief report of the work of our National Council. I hope you won't find this letter too long for insertion. I have much more to tell you.

BEATRICE KENT.



## A HEARTLESS FRAUD.

Grace Briggs, a young woman whose home is at Sheffield, was recently sentenced at Grimsby to four months' hard labour for obtaining food and lodging to the value of 46 12s., and of stealing £1, from Mrs. Jane Sanders of Cleethorpes. The convicted woman stated to Mrs. Sanders when she took rooms at her house that she was a Red Cross Nurse sent to Cleethorpes to recuperate, and that payment would be forwarded at the end of the month by St. Bartholomew's Hospital, to which she was attached. At the end of that time she said her leave had been extended for a fortnight, when the account would be paid. The day before the fortnight expired she went out, and never returned.

The evidence of Superintendent Osborne was that Briggs was the daughter of very respectable people but had recently lived an immoral life, and during the last few weeks she had defrauded several people.

Had there been a State Register of Trained Nurses it need not have taken six weeks to detect this fraud.

## A TIMELY STIMULUS TO LOYALTY AND PATRIOTISM.

Messrs. Raphael Tuck & Co., Raphael House, Moorfields, City, have just issued a charming set of six photographic portraits of our Royal House, executed with all the skill for which the firm is renowned, and which have been graciously approved by Their Majesties. They include the King and Queen, the Prince of Wales, Prince Albert, and Princess Mary, and would be an addition to any Home, School, Club, or Public Institution. The price of 1s. per copy, or 1s. 6d. on "India," seems quite absurd for these pictures, having regard for the beauty of the workmanship. They deserve, and should have, a wide sale.

## VITAFER.

Vitafer is a comparatively new concentrated tonic food, but during the time it has been on the market it has gained for itself the highest reputation and proved invaluable in cases of physical and nerve weakness, of which unfortunately there are at present so many instances. No hospital should be without it. Further, the fact of its freedom from sugar and purin-producing substances makes it an invaluable standby in cases of diabetes and other diseases where sugar is contra indicated. It is, moreover, "British throughout." The sole manufacturers are Messrs. Southall Bros. & Barclay, Ltd., of Birmingham.

## BURNT MILK.

It is quite easy to prevent milk and milky foods from burning. First see that the saucepan is quite clean. Then cover the bottom of it with water, boil this for half a minute and while still boiling pour in the milk or food and cook in the usual way; it will not burn unless the saucepan is very worn, or the heat very fierce.

## BOOK OF THE WEEK.

## "MARIA AGAIN."\*

Those who read "According to Maria" will welcome another book from the pen of its talented authoress, Mrs. John Lane, and "Maria Again" will fulfil all their expectations, and afford them welcome relief from the tension of life at the present moment.

For those unacquainted with Maria let it be explained that she is the wife of a well-to-do grocer—formerly retail, now, Maria is careful to point out, wholesale—with the instinct for climbing, an insatiable love for a title, and for hanging on to the fringe of Society, and for the publicity and glory attained by being photographed for the public press. To attain such ambitions she energises, suffers, and schemes; for their fulfilment no pains seem too great to her common little soul.

"Friends," according to Maria, "were divided into two classes—those who had motors and those who hadn't." And all things being equal, she preferred friends who had, for friends who had motors could only be considered in the light of a blessing, so in future she had decided to have only motor friends." Analysing the effect of the motor on English faces, complexions, and voices, her biographer cried, appalled, "For goodness' sake, Maria, what will the next generation be like?"

"To which Maria replied that, on the whole, she wasn't sure there'd be a next generation. For to motor towards the simple life is expensive, and requires at least one new motor a year. According to Maria the choice lies between motors and children, and so many people prefer motors; for in these days it is impossible, it seems, to afford both.

"Why, it's the new car of Juggernaut," I cried, horrified at this state of things.

Maria paused in the tying on of her motor veil . . . and said thoughtfully:

"Juggernaut? That must be a new make; I never heard of it before!"

Maria on her correspondence is also original.

"The delightful letters one gets with a crest, and written in such an intimate, chatty kind of way, till one wonders if it's a cousin on father's or mother's side, and just as one's got over being suspicious, if he doesn't turn round and ask for money for a hospital or something or other; and then one finds out one's never heard of him before! It's that kind of underhanded way that just makes one hate charity."

Maria's contribution to the national sacrifice was to wear out-of-date Tango curls.

"You see, I paid two and sixpence a pair for them just before the war, and as I owe it to my country to be economical I've made up my mind to wear them out."

"It isn't the sort of thing," Maria said mournfully, "for which people's pictures are put in the

\* By Mrs. John Lane. John Lane, The Bodley Head, London.

papers," and she unfolded the ha'penny, "but I do say —"

Here however she paused as one stricken, her eye on the very middle of the page, and then she gasped, and no wonder. For there in the place of honour usually reserved for royalty, or the common lot that pay, was not only Mrs. Dill-Binkie, but Mrs. Dill-Binkie as a Red Cross nurse in a uniform manifestly created by no less a one than "Lucile." Wherever a red cross could be put a red cross had been put, and the very biggest one was just over the place where, according to Maria, she hadn't any heart, and her upturned eyes were shining, possibly with charity, but more likely with *belladonna*.

It took Maria quite a moment to recover, and she cried tragically, "There she is, and don't know any more about nursing than the cat—not so much, for Mrs. Dill-Binkie has never even had kittens! And to think she's already in the papers and hasn't had her uniform a week, and only had one convalescent and he ran away in two days. I know all about it!" Maria added mysteriously. "I know she had to wait three months for her uniform, for Lucile was so rushed making uniforms for duchesses who simply wouldn't wait they were in such a tearing hurry to start nursing. But as soon as she got her uniform she did hurry up!" And Maria offered Mrs. Dill-Binkie the tribute of her admiration. "For she had to board out Mr. Dill-Binkie before she could turn her house into a rest-cure for convalescent officers, the kind that need the comforts of home and are well enough to play bridge. And all in a week! Doesn't she look stylish in her uniform!" Maria acknowledged with her usual sense of justice.

"I met her in Piccadilly, and she told me now that her uniform was ready she was, and she'd already had one convalescent, with golden curls, but he was off in two days—cured. As if I didn't know better," and Maria sniffed. "And the way the photographers rang the front-door bell all day long and asked to take her photograph surrounded by her nurses was most touching. Amateur nurses," Maria explained, "they have so much more real feeling, and they have a common one to do the work. Still, I am surprised to see her here already," and Maria sighed heavily; "but, of course, she paid for it," and she studied Mrs. Dill-Binkie in the shortest of skirts, the tallest of heels, the kind whose click is so particularly soothing to the suffering, and with something at her waist that looked like a rosary, only it wasn't a rosary, but the very latest thing in bridge-markers at the end of a chain. And on her head she wore a fetching snow-white veil, one of the sort that flops in the soup and catches in the door, but makes them all look like amateur nuns, though, of course, they aren't nuns, but just ministering angels who love to sit by the bedside of the suffering and stroke their hair and wash their faces and coo. For, according to Maria, the science of nursing consists entirely in stroking the sufferer's hair or washing his face. The only

things so far the photographers had not asked permission to photograph were Mr. Dill-Binkie and the kitchen and the beetles in the kitchen. But these are, of course, prosaic details of no public interest.

Still, Maria is human, and so she added with a gloomy joy that she had heard that the amateur nurses were rebelling against always being photographed as surrounding Mrs. Dill-Binkie, like humble and adoring satellites. They were neither humble nor adoring, and their uniforms cost just as much as hers did, and so did their caps. It was tiresome always to be photographed from left to right and never to be in the middle, and never to have a chance, at a convalescent, for Mrs. Dill-Binkie, because she boarded out Mr. Dill-Binkie and contributed the house, had insisted on always being in the middle of the photograph and on having the pick of the convalescents, so as to wash their faces and stroke their hair. But, it seems, the only convalescent who so far had come—and that by mistake it turned out—declared to the common or garden nurse who did the hard work and to whom he clung, that he didn't believe he had any face left, for it had been nearly all washed away. But, of course, as there were so many nurses and only one convalescent, he couldn't possibly go round. And being a young giant with the kind of curly, fair hair of which most men are ashamed, they had nearly driven him mad, for they all sat by him in turn and perpetually stroked his defenceless head. It was Mrs. Dill-Binkie who drove them away and undertook that heavy task herself, and that finished the golden-haired sufferer, for the very next night he disappeared, lightly clothed in his pyjamas, bedroom slippers, and dressing-gown. But he left a note to say that he was eternally grateful, but not to search for him as he had gone back to the trenches, for he was homesick for the trenches.

"Of course"—and Maria sighed—"she's in it, for she's got her uniform and her picture's in the papers, and she's got a convalescent home, even if she hasn't any convalescents."

I had to admit that Mrs. Dill-Binkie was indeed enjoying the first-fruits of benevolence. She'd had a patient for two days and washed his face and stroked his hair, so if anyone had a right to wear a uniform she had.

"Of course," Maria cried in despair, as she looked about, so to speak, for other fields of active benevolence, "there are mufflers—but one can't get any credit for making mufflers now that even Board School children do 'em, can one?"

On no account miss "Maria Again."—Put it on your library list forthwith.

P. G. Y.

#### WORD FOR THE WEEK.

"When the Government talk to women about thrift and saving, it is like a little child talking to its grandmother."—*Elson Garland*.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## AN ECONOMIC POINT.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—Is it not true that if an unskilled probationer receives £20 a year for six hours' work daily, that they are paid at the same rate as the skilled staff nurse, who is often called upon to do twelve hours night duty for a salary of £40? This is how the War Office salaries work out as far as I can calculate.

Again, why call girls receiving £20 a year salary for unskilled work "voluntary workers"? They are being very well paid at the country's expense for what they can do.

It would have been much more economically sound to pay the unskilled probationers £10 and engage more trained workers with the surplus funds. But of course we women are always told we know nothing of political economy.

Yours truly,

STAFF TERRITORIAL.

[The nursing profession was never consulted by the War Office concerning the organisation of war nursing.—ED.]

## INTRA-UTERINE MANIPULATIONS.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I have read with considerable interest the report in your valuable paper of Dr. Stookes' correspondence with the Central Midwives Board on the advisability (or otherwise) of midwives performing intra-uterine manipulations.

My own opinion is, with the present standard of training, the patient would be safer if the midwife did not attempt such manipulations than if she did, and frankly, I consider the limitation imposed by the Midwives Board that they would only be undertaken "in great emergencies" an added reason why she should not interfere. Consider the extremely delicate and difficult nature of intra-uterine manipulations, and the havoc which might be wrought by an ignorant person, and there is no gainsaying the fact that the limitations of a three months' trained midwife are colossal, and even now that the training is, we hope, to be extended to six months that six months should be devoted to obtaining a sounder knowledge of the subjects already required by the Midwives Board, not in enlarging their borders.

Of course there are midwives and midwives. I do not for a moment wish to say that an experienced trained nurse who has added midwifery training might not successfully tackle an intra-uterine emergency, I am equally sure that she would be the last to wish to do so.

But the question was not put to such exceptional midwives, but to the rank and file, and to my mind such midwives are really in the same position as monthly nurses, in regard to intra-uterine manipulations. One would not advise a monthly nurse to attempt them, and the three months' trained midwife knows little more, while her assurance is often in exact proportion to her lack of knowledge. Would any medical officer or Sister trust a three or six months' probationer to treat an obstetrical patient in great emergency, even under direct supervision, and the support that such supervision would give? What then of the midwife acting on her own initiative, with no one but herself to depend upon, attempting manipulations which she does not know how to perform, in time of grave emergency?

The manipulations she might consider herself justified in undertaking would probably be peeling away an adherent placenta, turning the child in a case of mal presentation, or placenta prævia, intra-uterine douching, and so forth. Surely if such manipulations are to benefit the patient, the operator must be skilful and competent.

But another point is raised by this correspondence. Is it now desirable that midwives—or at all events some midwives—should receive instruction rendering them competent to give the patient such assistance?

In answering this question, we have to bear in mind that the primary object of the Midwives' Act is the welfare of the lying-in mother, not the safeguarding of professional interests, as the Chairman of the Board is careful to point out. There can be no doubt that the more highly skilled the midwife the safer attendant she is, and, therefore, if she has proved herself capable of assimilating such knowledge, what she is taught should only be limited by her capacity for benefiting by instruction.

It seems as if there might well be established a further examination to which midwives who have been in practice for (say) a year, might be admitted, and that they should be permitted to undertake duties from which midwives are now rightly debarred.

I am, Dear Madam,

Yours faithfully,

CERTIFIED MIDWIFE.

## OUR PRIZE COMPETITIONS.

*August 14th.*—Describe Duodenal Feeding, and how to use the Politzer Bag.

*August 21st.*—What is Anthrax? State details of nursing.

*August 28th.*—Describe the most practical and aseptic indoor uniform for War nursing.

## OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

# The Midwife.

## HOMELESS BELGIAN MOTHERS AND INFANTS.

The Belgian refugees in this country have met with much sympathy, and deservedly. We come in contact with them and realise the ruthlessness of war waged by a military power on a civil population, the horrors to which they have been subjected, and the hardships which have driven them from their native land.

But, more pitiable still, is the lot of those in Belgium, and most of all of the women who undergo the ordeal of maternity in that stricken country, where nearly half of the seven million Belgians remaining there are homeless and absolutely destitute.

It is a situation which must move everyone not devoid of intelligence and sympathy, and one which it is the duty of those living under happier conditions to do all in their power to mitigate. It is with pleasure, therefore, that we draw attention to the Maternity Home started by the Hon. Lady Harvey in Flanders to help some of these women and their babies.

Lady Harvey and the Duchess of Buckingham and Chandos—who is taking an active part in the scheme—have received piteous appeals for bedding, old linen, medical requirements, clothing, shawls—in fact, for all the sheer necessities both for mothers and babies, and will most gratefully receive any gifts, either in money or kind, addressed to the Hon. Lady Harvey, 116, Brompton Road, S.W. Clothing and bed-linen, &c., need not necessarily be new.

We can imagine no more humanitarian project than this for Belgian women, and we hope it will have widespread support. If every happy mother in this country did something, however small, to help her Belgian sisters, substantial relief would be speedily forthcoming.

## THE DUMMY TEAT.

Dr. A. E. Thomas, Medical Officer of Health for the Metropolitan Borough of Finsbury, and Barrister-at-Law, in his report on the health of the Borough for 1914, says that the dummy teat is still extensively used. If it falls on the floor it is rubbed momentarily on the mother's blouse or apron, licked by the mother, and replaced in the baby's mouth. This means at least two risks for the infant, contamination from the floor, and infection from the mother's mouth. If the mother suffers from pulmonary tuberculosis or from pyorrhæa alveolaris, these risks are much increased.

## CANCER AMONG WOMEN.

Midwives, who not infrequently come in contact with cases of cancer in the course of their professional duties, will be interested in the following summary of the report recently presented to a meeting of the General Committee of the Imperial Cancer Research Fund, held in London, at which Sir William Church presided.

"From time to time attempts have been made to discover whether the incidence of cancer of the ovary, breast, and mamma was different in married and single women. These attempts have been based on an analysis of hospital and operation statistics, and have not led to a clear result. The Registrar-General's report for 1913 deals with this question on the basis of the national mortality figures. This is the only satisfactory method, because the number of lives at risk in the two groups is known sufficiently accurately to permit actual death-rates to be calculated. The tables show that cancer of the ovary and mamma are more frequent in the single than in the married. Cancer of the uterus presents the opposite condition, being commoner in the married. The facts are of great interest in view of the decreasing fertility shown in the national statistics of most civilized countries. They form a valuable contribution to the study of the recorded increase in cancer mortality."

## HOSPITAL TREATMENT FOR WELL-TO-DO MATERNITY PATIENTS.

Sir Halliday Croom, a Royal Physician of Scotland, which can boast a roll of distinguished physicians, including Sir James Simpson, is a strong advocate for hospital treatment of maternity patients, whatever their rank, on the ground of greater safety. Many women, he stated, in a recent lecture, die in childbirth from blood poisoning which is absolutely preventable. In hospitals it has now been almost stamped out by the application of Listerian principles, but in out-door and private practice the number of deaths is still high.

"In maternity hospitals," he explained, "doctors and nurses are under discipline, and antiseptic treatment is carried out under pain of dismissal. But in private practice, where nurses and doctors can do as they please, there is a tendency to both laxity and carelessness. I have frequently advocated maternity homes for the well-to-do, but unfortunately have not succeeded."



### FEES OF MEDICAL PRACTITIONERS CALLED IN BY MIDWIVES.

At the annual representative meeting of the British Medical Association the Chairman of the Medico-Political Committee (Mr. T. W. H. Garstang), as reported in the *British Medical Journal*, moved the following recommendations in the Annual Report of the Council, which were adopted:—

That the following should be the minimum scale of fees for the payment of medical practitioners called in on the advice of midwives, but power should be obtained to pay special fees in special cases:

|                                                                                                                                            | £ | s. | d. |
|--------------------------------------------------------------------------------------------------------------------------------------------|---|----|----|
| (i) Attendance at cases requiring or necessitating operative assistance, and subsequent necessary visits during the first ten days .. .. . | 2 | 2  | 0  |
| (ii) Attendance at cases without operative assistance, and subsequent necessary visits during first ten days .. .. .                       | 1 | 1  | 0  |
| (iii) Assistance for administration of an anaesthetic .. .. .                                                                              | 1 | 1  | 0  |
| (iv) Any visit not covered by (i), (ii), or (iii), including any necessary prescription—                                                   |   |    |    |
| Day (8 a.m. to 8 p.m.) .. .. .                                                                                                             | 0 | 3  | 6  |
| Night (8 p.m. to 8 a.m.) .. .. .                                                                                                           | 0 | 7  | 6  |

### PENAL BOARD.

A Special Meeting of the Central Midwives Board was held in the Board Room, Caxton House, Westminster, S.W., on Wednesday, July 21st (Sir Francis Champneys presiding), for the hearing of the charges against eight women, with the following results:—

*Struck off the Roll and Certificates Cancelled.*—Jane Hopkins (No. 3404), Mary Lee (No. 18459), Eleanor Rancom (No. 12848), Mary Ann Watts (No. 19174).

*Cautioned. Report to be Asked for in Three and Six Months' Time.*—Harriett Hearn (No. 1645), Emily Diana Curtis (No. 23321), Elizabeth Langdon (No. 33071).

*Sentence Postponed for Report from the Local Supervising Authority in Three and Six Months' Time.* Elizabeth Fisher (No. 12007).

In the case of the last-named, where both mother and child lost their lives, the Chairman directed that the Local Supervising Authority of Durham should be communicated with, pointing out to them that the temperature chart bearing upon the case had not the corresponding dates, also that the receipt of the notification of still-birth did not specify it particularly, but referred to it as a still birth. This the Chairman said was very improper and requested that in future full particulars of identification should be supplied.

Mary Lee, aged 75, said her great experience enabled her to do without the aid of a clinical thermometer.

The case of Eleanor Rancom occupied the attention of the Board for some time. The Medical Officer of Health for Norwich attended. He stated that the midwife was under liability to

answer at the Assizes to two charges of manslaughter, but as there was not sufficient evidence the case was discharged. He gave evidence that the disinfection had not been carried out to his satisfaction, after contact with puerperal fever, before the midwife attended another case.

Harriett Hearn's case, which was defended, was another instance of the midwife not recognising the symptoms of sepsis. She regarded the rigor as a breakdown of the nerves. The rigor was more like a "fit." When medical aid was finally obtained the doctor called in suggested to her the use of rubber gloves at her next case. She explained that she thought this implied permission to attend other cases. The patient under discussion died. None of the women delivered on subsequent days were affected.

The charges against Elizabeth Langdon and Emily Diana Curtis were taken together, they being sisters and in partnership. They were defended by Counsel. Both held the certificate of the Central Midwives Board. There was some difficulty in this case in fixing the charge as both midwives were in attendance on the woman in question, but as Mrs. Langdon had delivered it was decided to be her case, although entries of temperature were in Mrs. Curtis's book.

The case was yet another of sepsis, the woman losing her life. In this case also the midwives failed to recognise the gravity of the symptoms. When a medical man was at last called in he said it was a case of nerves, and that there was no danger. The grounds for this opinion were that an Insurance Officer in the early days of lying-in had been admitted to see the woman, and had upset her very much about some arrears of payment. The woman told the midwife that her "blood had turned to water." The midwives imagining that they were covered by the opinion of the doctor, did not again seek medical aid, and although the temperature persisted, they put it down to shock.

The Chairman closely questioned Mrs. Langdon on her method of examination of the placenta and membranes. Finally, though taking a lenient view, he withdrew permission from Mrs. Curtis to train pupils.

In all the deaths of five women from sepsis were recorded.

The application of Mary Donnelly (late No. 8076) for the restoration of her name to the Roll, from which it was removed in March, 1914, was received. On the recommendation of the Penal Cases Committee it was decided not to grant it.

In one instance, at the Penal Board on July 20th, where two witnesses were described as "Nurse" on the Agenda the Chairman enquired in virtue of what training they were so described. We have noted with pleasure on more than one occasion recently that the Chairman of the Board has given evidence that he does not consider the interchange of the terms nurse and midwife justifiable.

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## EDITORIAL.

### THE DANGERS OF FIRE.

A heavy responsibility imposed on those to whom the charge of the sick is entrusted, especially in institutions where numbers are congregated together, is their adequate protection from possible injury in the event of fire.

To the credit of nurses it may at once be said that when this emergency arises they show themselves prompt, resourceful and courageous in dealing with it, and loss of life from this cause is rare. But the appalling fire some years ago in an Asylum in greater London demonstrated what may happen when an outbreak of fire gets beyond control.

Just now the need for precaution should specially be borne in mind. We will leave out of consideration the possibility of fire caused by hostile aircraft, and consider other conditions under which an outbreak might easily become perilous to the patients in an institution.

In the first place we must remember that many buildings are being used just now, as hospitals, which were not designed for this purpose, and which have not the fire proof walls, the interior stone staircases, or the outside iron staircase, the fire escapes from the higher floors, and the fire hose laid on upon which in normal times we rely. If any one doubts it let him go to the nearest temporary hospital and make enquiries for himself.

Moreover, wood enters largely into the construction of many temporary hospitals, and while, it is true, it may be specially treated, to render it non-inflammable, it is scarcely likely this is always the case. A more sure ground of confidence is that these wooden huts rarely have upper storeys, and if the number of doors, or French windows, are adequate helpless patients can quickly be removed outside.

Another element of danger is that nurses who have ordinarily had instruction in fire drill and know their collective duties, and what each should perform, may be at sea if they do not know definitely what is expected of them, added to which there is a considerable element in many hospitals at present of unskilled women, whose presence, in case of fire, would be likely to be more embarrassing than useful.

The best way now, as always, to deal with the danger of fire is to prevent its occurrence, and with this end in view to keep a sharp look-out on all sources of possible danger. We will enumerate some of them and every nurse, from her own knowledge, can supply additional examples.

To begin in the kitchen—often in the basement—there is the danger of clothing becoming ignited through minor explosions in connection with gas stoves manipulated by those unfamiliar with them, the possibility of fusing of electric wires, and of their imperfect insulation, both of which sooner or later will cause fire.

Again, a saucepanful of fat intended for frying purposes, may boil over, catch fire, and in this ignited condition penetrate crevices and run behind skirting boards.

In the wards a steam-kettle, and the lamp filled with paraffin, which keeps it boiling, may be overturned, or a lamp filled with methylated spirit may explode. At Christmas time, cotton wool used in decorating may ignite, and its use for this purpose should be strictly prohibited, both on the ground of illegitimate waste of hospital property, and of danger to life in the event of its becoming ignited.

The duties of each nurse in the event of fire should be defined, and danger minimized by a wise distribution of patients, so that the helpless ones are for the most part in wards on the ground and lower floors.

## OUR PRIZE COMPETITION.

### DESCRIBE DUODENAL FEEDING, AND HOW TO USE THE POLITZER BAG.

We regret that we are unable to award a prize this week, as competitors have missed the point of our question, and regarded it as concerned with the special diet required in cases of duodenal ulcer or intestinal disorders, whereas duodenal feeding refers to the method adopted when the duodenum is sound, but the stomach requires rest on account of ulceration, and, by means of a special weighted tube, passed through it into the duodenum, liquid nourishment can be introduced at will, while at the same time the stomach is given complete rest. In expert hands, this method is found to give very satisfactory results.

The Politzer bag is best known in connection with its employment for the dilatation of the Eustachian tubes. The method then employed is to introduce the tip of the nozzle, connected with the bag by a hard or soft tube, into one nostril. A competitor thus describes the procedure then followed:—"The tip of the nozzle being introduced into one nostril, the patient is then directed to swallow a sip of water; as he swallows, the bag is sharply squeezed and the air prevented, by the act of swallowing, from escaping out of the mouth or entering the respiratory passages, is forced through the Eustachian tubes."

But the Politzer bag has also other uses, and it is employed in connection with the stomach tube both in washing out the stomach (lavage), and also for the introduction of food through the same channel (gavage).

### QUESTION FOR NEXT WEEK.

What is Anthrax? State details of nursing.

## TREATMENT OF INFECTED WOUNDS.

Dr. J. O'Connor, Senior Medical Officer, British Hospital, Buenos Aires, advocates in the *Lancet* the following treatment for a wound infected with gas bacilli and streptococci. Free incisions, free drainage, frequent (three-hourly) irrigation with hot peroxide lotion (when feasible submersion in same liquid twice daily), to be followed instantly by liberal irrigation with 1 in 40 to 1 in 100 of hot carbolic lotion, and hot mercurial (1 in 2000) fomentations. This plan of attack has, he states, been derived from 24 years' constant study of the most desperate bemuddled wounds which the Great Southern railway engines and wagons could inflict, and he most confidently recommends its employment for the relief of wound infection at the base hospitals, combined with permanent outdoor treatment, champagne, and hypodermic injections of strychnia.

## A NEW ANTISEPTIC.

Professor Landouzy, in a paper read before the Académie des Sciences, Paris, on August 4th, described a new antiseptic which has been tested at the Military Hospital, Compiègne, under the direction of Dr. Alexis Carrel, of the Rockefeller Institute, which destroys the septic agents in wounds without destroying the tissues. The Professor explained that the most powerful antiseptic known to science was hypochloride of lime, but that this had up till now been of no practical utility on account of the difficulty of preserving it and because of its acidity, which was injurious to human tissues. Dr. Carrel and Mr. Dakin had surmounted these difficulties by adding boric acid as a preservative and carbonate of lime to counteract the acidity. The new preparation had been applied to the most frightful wounds, with the result that within eight days their aspect had been modified in a way quite unknown under the old antiseptic processes. Cases of gangrene had been radically prevented at the very outset. Indeed, if the new antiseptic was applied in time, it was not too much to say that the infection of wounds might henceforward be considered impossible.

Professor J. B. Cohen, of Leeds University, writing to the *Times*, says:—

The new antiseptic, which has been so successfully applied to wounds in the French hospital established under the auspices of the Rockefeller Institute at Compiègne, was first introduced by Dr. H. D. Dakin, former student and graduate of the Leeds University, working in collaboration with Dr. Carrel, by whom it was experimentally examined. It is a solution of sodium hypochlorite, carefully neutralized with boric acid to remove the alkalinity and, to some extent, the irritant action of the original solution. It is very inexpensive and quite easily prepared. It rapidly dissolves away necrotic tissue and sterilizes the wound, which is nearly always badly infected. The antiseptic action probably depends on the separation of chlorine in the nascent condition.

Some of the materials which have been experimented on in the laboratories of Compiègne have been prepared for Dr. Dakin in the Leeds University laboratories, under the auspices of, and with financial assistance from, the Royal Medical Research Committee. Arrangements have also been made at the Leeds University for preparing the antiseptic in considerable quantity for use in the military hospitals in this country.

The value of such an antiseptic is evident. The important point will be its application at the earliest possible moment.

## FIGHTING THE FLY PERIL.

## A BRITISH EXPERIMENT.

We drew attention last week to an interesting experiment made by a British investigator, Mr. W. F. Dearden, M.R.C.S., D.P.H., J.P., in regard to the efficacy of borax and calcined colemanite as larvicides, described in "Fighting the Fly Peril," of which book Mr. Dearden is joint author with Mr. C. F. Plowman. By the courtesy of the publisher, Mr. T. Fisher Unwin, we are able to publish the accompanying illustration of the result of the experiment, which was conducted in the following way.

"Three tea chests were obtained and each

"A wire gauze fly trap of flower-pot shape was then arranged for this particular purpose. The tin socket and bait receptacle at the bottom were detached and fixed over the hole in the cross board, the latter to act as a lid when the trap was not in position. The chests were marked A, B, and C.

"The manure was filled into two boxes, by two equal instalments, a like quantity of larvicide being sprinkled on to each, calcined colemanite (an American product) being used in chest 'A' and borax in chest 'B,' while chest 'C' was left untreated. The quantity of larvicide used was in the proportion recommended by the United States Commission, viz., .75 lb. of calcined colemanite and .62 lb. of



RESULT OF AN EXPERIMENT BY MR. W. F. DEARDEN, M.R.C.S.

No. 1. Shows at the end of the tenth day a fly-trap placed over 3 cubic feet of untreated manure; 186 flies were counted.

No. 2. Shows the same trap at the end of the eleventh day; 932 flies were taken out after chloroforming.

No. 3. Shows after eleven days a fly-trap placed over manure treated with borax, or calcined colemanite; one "very sluggish" fly appeared.

adapted as follows: Holes were bored in the bottom for drainage, these being covered inside by two inches of cinders with a view to assist this and to discourage the exit of maggots. Over the cinders were placed three cubic feet of fresh horse manure. A framework lid was made, and across the centre was placed a five-inch wide board, in the centre again of which was cut a round hole, about one and a half inches in diameter; the rest of the cover consisted of a very fine mesh wire gauze.

borax per 10 cubic feet of manure. Three gallons of water were poured on to each of the three lots of manure by means of a watering can, and the box lids, with the little tin hole stoppers in position, were placed over the boxes."

On the eighth day the wire gauze on the lids was covered over with thick brown paper to exclude the light, the stoppers removed, and the fly traps placed in position. On the ninth day, flies began to enter the trap placed over



the untreated manure; the results are shown in our illustrations No. 1 and No. 2. No. 3 shows the appearance of the fly traps placed over similar manure treated with borax or calcined colemanite.

### THE SITTING POSITION IN PNEUMONIA.

The *British Medical Journal*, quoting from a foreign exchange, says that Mlle. E. Cottin has made an extensive study of the results of allowing pneumonic patients to leave their bed for part of the day. She tells how this plan came to be adopted by Dr. C. Widmer. He was surprised to find that in eight severely delirious patients of his who left their beds the delirium disappeared, fever diminished, and there was rapid disappearance of the pneumonic symptoms; none of these patients died. Later, he treated fifty cases by this method, and advised early resort to it; he found that the patients realized the benefit of sitting on a sofa or taking a short walk in the room; they felt they were free from the notion of being ill, and their pain was relieved. A period of four hours' sitting daily was found sufficient; temperature fell from  $38^{\circ}$  to  $37^{\circ}$ , the frequency of respiratory and cardiac movements diminished, blood pressure increased, and a feeling of euphoria was experienced. Mlle. Cottin has treated a large number of cases thus:—She selects for description twenty of the gravest cases, ranging in age from twenty to eighty. Some were allowed to get up on the day after their entry into hospital; others a few days later. As a rule, the hours from 2 till 6 p.m. were selected, owing to their convenience. The patients, clothed in a dressing-gown and a covering for the legs, were helped by a nurse on to an armchair close to the bed. On being comfortably settled, they were encouraged to give their impressions of the change of posture, and especially to give warning when they wished to return to bed. Only one asked this after two hours' sitting. He said he "did not feel bad, but he had had enough." The others would gladly have remained seated beyond 6 p.m. had it been possible. No one made any complaint; all wished to renew the experiment on the following days; some even swore when bedtime came, especially one patient, who felt a stitch in his side only when recumbent. Asked what they thought of the sitting treatment, they said they breathed much more easily, expectoration was more abundant and less painful, sweating ceased, and they enjoyed a pleasant euphoria; they also appreciated the relief from the incessant need to arrange their pillows comfortably. Objec-

tively, Mlle. Cottin noted that cyanosis became much less intense, respiration slower and deeper, pulse fuller and often slowed by 10 to 20 beats a minute. In a fat, delirious, alcoholic pneumonic, aged fifty-five, it was found that his pulse, which was very irregular during recumbency, became perfectly regular every time he was seated. The same thing was seen in a case of double pneumonia, where the patient's cardiac state was so grave that the physician hesitated momentarily as to the wisdom of trying the treatment. Usually the temperature fell from some tenths of a degree to  $1\frac{1}{2}^{\circ}$ , and it was lower in the evening after sitting than in the morning during recumbency in bed. In no case was any cardiac faintness or weakness induced by sitting.

The authoress thinks that sitting for part of the day should be adopted more often in pneumonia than it has hitherto been, and even in other acute respiratory affections, but she would not try it in all pneumonics. The earlier it is tried the better, and she specially urges its use in those who are dyspnoic, congested, and arrhythmic, and in those whose hearts are nearest to exhaustion, for she finds that cases of cardiac insufficiencies gain more relief by it than any other cases. The benefit she attributes partly to derivation of the blood to the lower limbs and partly to increase of diaphragmatic breathing. In support of this belief, she found that after sitting for two hours there was an increase of  $\frac{1}{2}$  cm. in the thigh and calf of one patient, and in another patient, while sitting in bed with the legs extended, there was on the sound side a pulmonary expansion of  $1\frac{1}{2}$  cm., whereas with the legs hanging over the edge of the bed it rose to  $3\frac{1}{2}$  cm. (It seems probable that the mere hanging of the legs out of bed might well be tried in cases in which sitting up out of bed appeared inadvisable.) The results obtained were as good in women as in men, but it was found that pneumonias of the upper lobe were less influenced in their evolution than those of the lower lobe.

### TRENCH BACK.

Captain John D. Sandes, I.M.S., officer in charge of the Electro Therapeutic Institute, Kitchener Indian Hospital, Brighton, describes, in the same journal, a condition known as Trench Back. The injury is usually caused by the impact of large and heavy masses of matter, such as earth or sandbags. The condition is of importance owing to its frequency, and the prolonged disability entailed. Captain Sandes has obtained good results in selected cases by treating them by ionization with sodium salicylate.

## NURSING AND THE WAR.

It is notified by the War Office that nurses holding certificates for three years' training who are desirous of being employed in Military Hospitals should apply in writing, without delay, to the Matron-in-Chief, Q.A.I.M.N.S., War Office, for conditions of service.

British nurses who desire to help to nurse the wounded in Italy will find in our advertisement columns on page i, an advertisement for nurses for the Scuola Convitto Regina Elena, connected with the Polyclinic Hospital at Rome, the training school for Italian nurses established under the patronage of Queen Elena, and having Her Majesty's personal interest. This is at present the only opportunity offered to nurses in this country to help the wounded of our Italian allies. The nurses will work in connection with the Scuola Convitto Regina Elena, either at the Polyclinic Hospital, Rome, or in any other military hospital taken over by the school. The Matron, to whom application should be made, is Miss Dorothy Snell, who was trained in this country and six years ago was appointed Matron of the above training school for Italian nurses in which capacity, she has won golden opinions.



SLEEPING ACCOMMODATION OF STAFF OF STANDISH HOSPITAL.

A nurse at work in a military hospital writes :—" We have been having a most exciting time this week. On Tuesday morning the hooter went at 9.30, which means that a convoy of wounded is on its way, and will arrive in nine hours' time. All leave, passes, and other similar privileges are automatically cancelled. Well, we waited until 7.30 p.m., when we were told it was not arriving until 12.30, and we were to get what sleep we could till then. You may imagine we did not get much, and at midnight the hooter sounded again, indicating that the train would arrive in another 45 minutes. It was a weird sight, the entire hospital lighted up, and all the R.A.M.C. marching down to the station to meet the train. A great flashlight was lit in the drive to enable the doctors to see the cars when they arrived and send the patients to their separate wards. My ward had 28, all the worst stretcher cases, and the men were so tired and weary, although full

of the kindness they had received on the journey from Southampton."

The decision of the Manchester Art Gallery Committee to set aside a room at the Central Gallery as a rest room for military and Red Cross nurses has been approved by the City Council. It was stated at the meeting at which the question was considered that many of the nurses engaged in the hospitals lived some distance away from those institutions, and had no place where they could spend a leisure hour. A number of ladies had arranged to equip the room so that it might be used by the nurses for recreative purposes.

A Paris correspondent of the *Times* writes that "an innate sense of the fitness of things prevents Frenchwomen from being picturesque in their philanthropy, and, except for a brief moment at the beginning of the War, there has been no marking in France of woman's effort in good works by any distinctive dress. The Red Cross uniform was so much abused in the early days that now it is not allowed in the streets at all, and although women of many classes are working at all sorts of things for the good of the country, we see no uniforms except the very mild attempts which the ticket punchers on the trams and the 'Metro' have adopted.

To some extent this may be explained by the fact that the average age of the women who volunteer for public work is fairly advanced, but it is more generally accounted for by the fact that the intelligence of the Frenchwoman is such that it does not allow her to 'dress up' for work as she does for play."

A number of French Canadian nurses who have been working in France are spending a holiday with their Matron, Mme. Cassault, in this country.

The question of sleeping accommodation for the nursing staff is often a difficulty in temporary hospitals, but it seems to have been satisfactorily solved, at any rate, in part, at the Standish Red Cross Hospital, Stonehouse, as the above charming illustration indicates. The Matron of the hospital is Miss C. C. du Sautoy, and experience as a Queen's Superintendent, develops resourcefulness.

### FRENCH FLAG NURSING CORPS.

Two members of the French Flag Nursing Corps left London for France on Tuesday morning last, Miss Dora Barlow, cert. Holborn Infirmary, returning to Caen, and Miss Dorothy Chamberlain, cert. General Hospital, Lowestoft, who holds the certificate of the Incorporated Society of Trained Masseuses, proceeding to Talence.

Sir Thomas Barclay, writing in a contemporary on "English Nurses and French Patients," says:—

"The French medical chiefs soon discovered the difference between the British hospitals and their own, between the clean, bright, joyous British nurses, the air of comfort of their wards, the flowers, that sense of optimism which radiates as it were from all 'labour of love,' and the slovenly, sullen male nurses, &c., and they determined to see if they could not borrow some of these fine women for the French hospitals.

"As the French fighting line is some twenty times as long as ours, it is easy to understand what the position is when I say that the French army is out of all proportion behind us in nursing facilities. For the vast requirements of a war on the scale of the present one all available accommodation had to be commandeered.

"General Troussaint (the head of the French Army Medical Service), tried a few English nurses in his hospitals—I am speaking only of the official hospitals under the direct control of the Ministry of War—and found them so useful that he tried more, and eventually he determined to ask England for 300 of them. This led to the forming of the French Flag Nursing Corps. A committee in London recruits them, and the lady whom General Troussaint entrusted with the task of organisation is now the Inspectress-General, charged with the control of some 200 nurses belonging to the corps scattered over some twenty of the French official hospitals.

"These ladies are all professional nurses, and as servants of the French Government are paid the moderate salaries the French Government is in the habit of paying to its public servants. They get also a small allowance for uniform and outfit, a part of their travelling expenses, and, of course, are housed and boarded while in hospital. The rest is provided for out of the slender means of the London Committee, which, without ostentation or parade of any kind, is rendering to the French wounded one of the noblest services among the many fine things the English are doing for their Allies.

"The French soldiers themselves love their English nurses. They say the nurses are so cheerfully compassionate, so skilful and attentive, and so clean, that the patient never tires of watching them. Even their broken French is a joy that makes the hours shorter.

#### A PERSONAL VISIT.

'One day when I visited a hospital, two nurses were solemnly engaged in cutting the poor fellows'

overgrown toe-nails. One of them was passed over. '*Mais, mademoiselle, ne veut-elle pas couper mes ongles aussi ?*' he asked, almost piteously. The poor fellow was not expected to live more than a few hours, but the nurse cut his nails all the same, and it seemed to make him happy.

"Nothing daunts these English nurses. When Bergues was shelled, and the fever hospital had to be evacuated, there were not men enough to do the lifting, and the English nurses bravely, amid the falling shells, carried away the beds and their occupants to places of greater safety.

"Their one wish is to get closer to the firing line, to be right up in the danger zone, and to secure their patients from the moment they fall.

"All this endears them to the French, and I have before me a letter from General Troussaint, in which he speaks of the admirable service rendered by the corps, the gratitude felt towards them by surgeons and patients alike, and expresses the hope that England will send more of them to his hospitals.

"There are difficulties; we may want as many as we can have for ourselves. But that should not stand in the way, because we evidently do not need at once all we have, and, meanwhile, they might be helping the French.

"These mutual services are one of the redeeming features of this terrible War; and in bringing the French and English closer together, the English nurses, the French surgeons and their French patients are laying the foundations of a nobler sense of fraternity than even co-operation on the battlefield—for, curious as it may seem to the civilian at home, the Allied armies see little of each other and know still less."

Miss Grace Ellison, *Déléguée du Ministère de la Guerre* in France, and the representative of the Committee of the French Flag Nursing Corps in an appeal in the *Daily Telegraph*, writes:—

Our nurses are caring for over 5,000 French wounded every day, and the more widely the work is known the more highly it is valued; for, until now, France has had little experience of the skilled nursing with which we are acquainted.

In the name and at the express command of the Minister of War, General Troussaint, the head of the French Army Medical Service, referring to our work, says: 'I should like to pay a sincere tribute to the devotion of your nurses. They have given our medical staff most valuable assistance. Their well-directed energy, their generous self-sacrifice, have never waned.' I quote these lines from one of the large number of letters of appreciation sent in by our medical officers, in which our indebtedness to the British nurses for their loyal co-operation is recognised, and I hope my letter may help you in the personal efforts you are making in England to obtain further support for your movement."

Miss Ellison has prepared a series of interesting articles for publication in the above paper, which will be read with interest.



## THE NEW ZEALAND WAR CONTINGENT HOSPITAL.

The New Zealand War Contingent Association was fortunate indeed to find within eighteen miles of London so suitable a house, so ideally situated, for the hospital which it has organised for sick and wounded New Zealanders, as Mount Felix, Walton-on-Thames. On the banks of the river, in spacious well-kept grounds, the views from the windows overlooking lovely reaches of the Thames must be a constant delight to those who

an appreciative eye, and more also, for it is evident that much thought has been expended on fundamentals, and the hospital bears the impress of expert and thorough work. Baths, basins, slop sinks, sanitary conveniences have been judiciously added in liberal numbers. Walls have been freshly distempered, linen in orderly piles, and blankets from New Zealand of the renowned wool of the Dominion, fill the well-stocked linen cupboards. But there is no lavish expenditure on non-essentials, for the hospital is after all—let us hope—only temporary. If the lockers are of white wood—and well made



THE NEW ZEALAND WAR CONTINGENT HOSPITAL.

find hospitality in this haven of rest, whether from the battlefields of France or the shell-riddled slopes of Gallipoli.

An immense amount of work and much organising ability must underlie the transformation of a private house into this hospital for the reception of the sick.

The ordinary visitor cannot fail to be charmed by the spotless wards, with their bright quilts and screens in shades that tone, the French windows—wide set to admit the sweet air—overlooking one of the fairest views in the kingdom. The professional visitor sees all this with

at that—the beds are of the best, just the right height from the ground, with good hair mattresses and comfortable pillows. The operating theatre is excellently arranged and furnished.

Then much consideration has been given to the food, and the cook responsible for its preparation and serving is of the best, so life goes smoothly and happily for the New Zealand "boys" who are well enough to appreciate their surroundings, and, for the rest, all that skill and care can achieve is being done to ensure their speedy convalescence.

The Chairman of the Committee is Lord Plun-



ket, a former Governor-General of New Zealand; and the Chairman of the Ladies' Committee is Lady Islington.

The committee are indebted to Lady Islington for having found so beautiful and suitable a house as Mount Felix for the hospital.

The Officer Commanding is Major Bernard Myers, late of Wellington, and the Resident Medical Officer Lieut. Crabtree. The Matron is Miss Annie Tombe, R.N., trained at the Dunedin Hospital, and one of the first Matrons to be appointed a State Examiner under the Nurses' Registration Act in New Zealand. The Sub-Matron is Sister Kelly, R.N., trained at the Chelsea Infirmary, late of Wanganui.

The Sisters in charge of the flats of 34 beds in each are Sister Sisley, R.N., late of Auckland Hospital; Sister Dower, R.N.; and Sister Strachan, R.N., trained at Chelsea Infirmary, late of Wanganui; the Theatre Sister, Sister Reid, late Matron of the Hospital, St. Andrews; and Sister Shelton, who comes from Birmingham, Night Sister. Besides these, there are six fully trained staff nurses, 11 probationers—three of whom are New Zealand ladies; five of these act as V.A.D. orderlies. There are also male orderlies in charge of a corporal.

The Nursing Staff wear a white brassard on the left arm with the letter N.Z. embroidered in red. In the case of the Sisters these letters are surmounted by a shield with the raised border embroidered in red. Inside this border the ground is bright blue, and on the blue background appears the Southern Cross, the stars of which it is composed being embroidered in white.

The nursing staff have their meals at the hospital, and have a sitting room there also. It is at the top of the tower seen on the left-hand side of the picture, and its glorious view must be a perpetual feast.

The sleeping quarters of the staff are at the Manor House, a charming house about ten minutes' walk from the hospital, in charge of the Misses Thomson. One enters a restful hall, furnished with inviting arm chairs and overhead dark rafters contrasting with the white ceiling. The whole domain is kept in order by the Misses Thomson, with occasional help. Amongst other things, they make twenty-seven beds every morning, before they walk over to the hospital to lunch. Certainly they are "doing their bit"—and doing it well, too.

We are indebted to the courtesy of the Editor of the *British Australasian* for the picture of the hospital on page 131 which gives an excellent idea of the dignity of the house and the charm of its surroundings, not least, the beautiful cedars which are a distinctive feature.

#### ARMY MEDICAL SERVICE.

To be temp.-Col.—Temp. Maj. Sir V. A. H. Horsley, Kt., M.B., F.R.C.S., R.A.M.C.

#### JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in home hospitals:—

*Harewood House, Leeds.*—Miss M. Parlane.  
*Temporary Hospital, Exeter.*—Miss M. H. Price.  
*Clandon Park, near Guildford.*—Miss J. Burns.  
*Miss E. Lowe, Miss F. Willson, Miss S. Roulston.*  
*Boughwood Castle, Radnorshire.*—Miss D. Dent.  
*St. George's Hall, Willesden Lane, Brondesbury.*—Miss E. Coutts.  
*Highland Moors Hospital, Llandrindod Wells.*—Miss A. Hooton.  
*Highfield Hall, Southampton.*—Miss E. Kelly.  
*Bradyll Auxiliary Military Hospital, Marple Bridge, Cheshire.*—Mrs. Perty.  
*Gifford House, Roehampton.*—Miss Nora Bowman.  
*Red Cross Hospital, Chester.*—Miss A. Cox.  
*Hill House Hospital, Warwick.*—Miss E. Parkinson.  
*Highbury House, Birmingham.*—Miss C. Wain.  
*Higams Military Hospital, Woodford, Essex.*—Miss A. Goffe.  
*Woodford Military Hospital, Woodford, Essex.*—Miss H. Davies.  
*Hanworth Park, Middlesex.*—Miss F. Moscrop.  
*Amphill Park, Amphill, Bedfordshire.*—Miss F. L. Fore.  
*All Saints Hospital, Westminster Bridge Road.*—Miss L. F. Graham Taylor.  
*Northwood Hospital, Cowes.*—Miss M. A. B. Stoker.  
*V.A.D. Hospital, Strood, Kent.*—Mrs. M. A. Rhodes.  
*Galcombe, Newport, Isle of Wight.*—Miss E. M. Corder.  
*V.A.D. Hospital, Trent Bridge, near Bridgford, Notts.*—Miss E. Hope.  
*Ampton Hall, Bury St. Edmunds.*—Mrs. A. L. S. Lovell.  
*Urmston, Blackwater Road, Eastbourne.*—Miss M. E. Stimmin.  
*Stoodley, Knowle, Torquay.*—Miss E. J. MacGregor.  
*Red Cross Hospital, Clevedon, Somerset.*—Miss Mary Wilmot.  
*Red Cross Hospital, Pontychnne, Glam.*—Miss M. E. Withers.

#### AN INTERESTING WAR WEDDING.

An interesting wedding which recently took place in Forfar Parish Church was that of Miss Christina Jamieson Cargill, a trained nurse, daughter of Mrs. Cargill, Canmore Park, Forfar. The bridegroom was Second Lieutenant D. F. McMath, Royal Field Artillery. Lieut. McMath was licensed by the Presbytery of Forfar fully a year ago, and was appointed assistant minister at Galston. At the outbreak of war he enlisted in the Gordon Highlanders, afterwards being transferred to the R.F.A. Two other clergymen, the Rev. G. D. Cheiglin and the Rev. J. Edgar Davidson have been married to trained nurses in the same church within the month.

## CARE OF THE WOUNDED.

Major W. A. Chapple, M.P., M.D., R.A.M.C., sends to the *British Medical Journal* an interesting note of 71 out of 635 cases from the Dardanelles treated on a hospital ship during a ten days' voyage, including such grave complications as tetanus—the patient responding to treatment, and being quite out of danger on landing; a violent secondary hæmorrhage of the femoral artery; and an aneurism of the femoral five weeks after a bullet wounding in the lower one-third of the thigh, necessitating amputation.

All the cases improved very markedly on the voyage, which was made in smooth seas. All were cot cases to begin with, but fully half were able to be on deck during the latter half of the journey. The surgical equipment was complete and as satisfactory as in any small modern hospital.

Only two cases, Major Chapple stated, would require further surgical treatment immediately—bullets lodged in the spinal column, producing grave peripheral symptoms. If smooth seas could be ensured, the conditions of surgical treatment would be as good as those of most base hospitals. In loyalty to the high example of the King and Lord Kitchener, no alcoholic beverage was given during the voyage, and no case arose suggesting its use to which the resources of the dispensary were not equal.

We are indebted to the kindness of the Editor of the *St. Bartholomew's Hospital Gazette* for the accompanying illustrations. Writing in that interesting paper on the transport of the wounded from Gallipoli, Captain L. B. Cane, R.A.M.C., says:—

"Within three weeks nearly twenty thousand wounded were brought back to the base at Alexandria, and hundreds still arrive daily. Many of these were shot long before they reached the Turkish shore; some of the boats were sunk and others turned back full of wounded, with scarcely an uninjured man left on board to land.

"From the beginning the hospital ships have been quite insufficient to deal with such thousands

of wounded, and have had to be supplemented by the transports in which the troops went out.

"In some instances these refilled so soon with urgent cases that they returned to the base even before the last of their men and stores had been disembarked.

"Several medical officers from the field ambulances or other units were put on board each transport, with what orderlies could be spared. These worked night and day during the return voyage, but in spite of all exertions, found it often quite impossible to render more than the most urgent first aid treatment.

"Several transports returned with over 800 wounded, one with nearly 1,100, and one with 1,618, and in each only three over-worked medical officers, a few orderlies and no nurses, to do the entire work of an improvised floating hospital, full of surgical cases, during its two and a half days' voyage back to Alexandria.

"By the middle of June more complete arrangements had been made, and a number of transports were fitted out for use as hospital ships, with staffs of four medical officers, six nurses, and twenty orderlies on each.

"The transference of wounded from the shore, often under fire, can be readily imagined. Often the men had to drag

themselves, or be helped by less injured comrades, for about two miles to some rough dressing station, and were carried thence for some distance back to the landing boats and lighters on the shore.

"Then the transference through shallow water to the boat, the rowing or towage out to the transport or hospital ship, and the tedious slinging up by ropes over the ship's side of all who could not walk.

"Fortunately the sea has been calm or the work could scarcely have been done at all.

"One of my photos shows an officer (who had seven wounds and a fracture) being lowered over the side and narrowly escaping being tilted off the stretcher owing to slipping of the ropes.

"When the medical history of the war comes to be written there will probably be no chapter more interesting than that dealing with the



CORNER OF WARD, H.M. HOSPITAL SHIP "NEVASA."

Dardanelles. It is work in which more general experience can be gained in a fortnight than in any average year elsewhere."

The War Office has acquired the workhouse and infirmary buildings of the Mile End Board of Guardians in Bancroft Road, which are to be converted into a military hospital forthwith. Negotiations have been completed for the transfer of the inmates to other poor-law institutions in the East End. In all, accommodation will be provided for about 1,500 wounded soldiers.

The Auctioneers' and Estate Agents' Institute of the United Kingdom are presenting to the Queen the famous Star and Garter Hotel, Richmond Hill, for the purpose of a hospital for paralysed and permanently disabled soldiers. It is anticipated that the building will accommodate 200 beds. In addition to the purchase price of very nearly £25,000, about £30,000 will be spent in altering and fitting up the hotel as a hospital. Queen Alexandra has expressed herself as delighted with the property.

Lord Decies has generously placed Beresford Lodge, Birchington - on - Sea, three miles from Margate, which has a private stairway to the sands, at the disposal of the committee of the Services Club as a convalescent home for officers. Admission is not restricted to members of the Services Club, but will be open to all invalided officers of the British and Allied forces, and as far as accommodation will permit they will be allowed to have a relative or friend with them during their convalescence.

The Wounded Allies Relief Committee (Sardinia House, Kingsway, W.C.) issues some figures as to the work accomplished by its department started last December to deal with disabled Belgian soldiers. Since February its Yorkshire Home (Brotherton Hall, Pontefract) has received fifty-

two men, almost all of them residents for the duration of the War; while at 45, Courtfield Gardens, Kensington—opened in April—the Committee has accommodated a hundred and thirteen crippled soldiers who have come to London to be fitted with artificial limbs and surgical appliances. Although the supply of these articles, owing to war time conditions in the trade, is extremely slow, since April sixty artificial limbs and thirty other appliances have actually been supplied, while fully a hundred others are on order. The department has also found work for upwards of a hundred and twenty men; and at Allington Manor, Eastleigh, the Committee is accommo-

dating twenty-five men who have contracted tuberculosis in the trenches.

The Princess Patricia Hospital, Bray, which is the largest auxiliary military hospital in Ireland outside Dublin was opened last week by the Lord Lieutenant. It has accommodation for over two hundred beds. About one hundred are at present occupied. The hospital is under the control of a Joint Committee of the Dublin Red Cross Society and the St. John Ambulance Association, of which Sir Maurice Dockrell, D.L., is chairman.

In declaring the hospital open, the Lord Lieutenant said the idea was to have a relief hospital that could take cases from the general hospitals in Dublin, such cases as did not require constant medical

attention and supervision, and in that way clear the beds in the Dublin hospitals for fresh cases. Then there was another idea of having something in the nature of a convalescent home that would go a long way in restoring to complete health those cases treated up to a certain stage. He could not conceive a better choice than the house and spot selected for the purpose. The Committee had been very lucky in securing the services of Miss Michie as Matron.

Lord Wimborne congratulated the authorities on the name of the hospital. Princess Patricia is a great favourite in Ireland.



WOUNDED OFFICER BEING SLUNG OVER SIDE OF SHIP.

## THE NEED FOR A STATE REGISTER.

The need of a State Register of Nurses, from which the names of nurses who prove themselves unworthy of trust can be removed, found illustration in a case recently heard at the Cirencester Police Court, when a nurse who had been employed at the Bingham Hall Red Cross Hospital was convicted of stealing marked money from a coat pocket in the dressing-room at the hospital, the property of the Commandant, Mrs. Swanwick. Two further similar charges were not proceeded with.

The prisoner, who pleaded guilty, asked the magistrates to be kind to her, and promised never to offend again.

Mrs. Swanwick said that there had been numerous thefts at the hospital, and as everyone who went into the dressing-room was under suspicion, she determined to clear the matter up. She had no desire to press the case against the prisoner, who did her work splendidly.

The Chairman said that as this was a first offence, and the present proceedings would injure the nurse very much in her career, the Bench had decided to impose a fine of £3, or in default 31 days' imprisonment.

## STATE REGISTRATION IN VICTORIA.

News comes from Melbourne that the Bill for the State Registration of Trained Nurses is to "come on almost immediately." The Minister of Health, Mr. J. Drysdale Brown, has gone over the proposed draft with a sub-committee of the Royal Victorian Trained Nurses' Association, and our correspondent writes that the nurses have every reason to congratulate themselves upon the Bill which embodies mainly the proposals of the Draft Bill.

On the Governing Board suggested, the representation of medical practitioners and nurses is about equal. The Minister of Health does not anticipate any difficulty, as the nurses, the medical profession, and the public all consider State Registration of Nurses imperative.

Under the Bill it will, of course, be necessary to admit to Registration during a period of grace, women who would not be eligible for registration under the system in force under the Royal Victorian Trained Nurses' Association. But the nurses realize that this is a necessity, so that no injustice may be done, and that it is well worth while, in order to gain the blessing and safeguard of State Registration for those who will carry on the tradition and work of the nursing profession in the years to come when they are laid aside.

## AUSTRALIAN NURSING HISTORY.

Now that trained nurses from the Commonwealth of Australia are working in this country and elsewhere for the sick and wounded, the following historical review, of which the facts are taken from Miss Dock's "History of Nursing," are of much interest:—

"A hundred years ago, in October of 1811, the first hospital erected on Australian soil was opened for the reception of patients. With the Sydney Infirmary (now Hospital) the history of nursing in Australia begins." In Australia, as in so many other countries, we find Miss Nightingale's influence predominant at the outset. In 1868 a training school was established at the Sydney Hospital, and, at the request of Sir Henry Parkes, Miss Nightingale selected the Lady Superintendent, Miss Lucy Osburn, as well as four other Nightingale nurses for work in the colony. That the early Nightingale nurses were a remarkable group of women is emphasised afresh by every recollection of them. The *Australasian Nurses' Journal* says that in 1911 two Australian nurses were still living who had been trained under Miss Osburn, and one said of her "She was an exceptional woman, well-read, having an absolute fascination of manner, and an indomitable will. She looked upon nursing as the highest employment a woman could take up. . . . To her it was a holy mission and should be entered into in a spirit of devotion."

The five nursing missionaries were within four years scattered over Australia doing pioneer work in new hospitals. Shortly afterwards five more Nightingale nurses were brought out by the Tasmanian Government, and set to work in Hobart and Launceston, where training schools were in time established. "Few of these nurses kept long to their original centre, their services being requisitioned by the new hospitals springing up all over the continent. It was therefore the personal work and influence of the Nightingale nurses that began organized nursing, and subsequently organized training schools in Australia."

The first Maillon of the Alfred Hospital, Melbourne, was Miss Haldane Turriff, one of the first Sisters at the Sydney Hospital and a Nightingale nurse. The second, Miss M. D. Farquharson, also an English nurse, by whom the course of training was lengthened to three years.

At the Melbourne Hospital, though the training school was founded by Miss I. J. Rathie, Miss Farquharson, who succeeded her, was the



first, as she had been in the Alfred Hospital, to give nurses theoretical as well as practical instruction. "They appreciated it intensely, and Miss Farquharson's ten years' service in these two hospitals did much to set the high standard of professional instruction demanded by Australian nurses to-day." She has been a member of the International Council of Nurses from its inception, and Miss McGahey, for many years Lady Superintendent of the Prince Alfred Hospital, Sydney, which owes to her much of its prestige, was present at the International Congress of Nurses in Buffalo, in 1901, after previously visiting Europe.

As early as 1892, as reported by Miss McGahey at the Buffalo Congress, the formation of a Nurses' Association was considered at a meeting in Sydney, "but so great was the diversity of opinion as to what constituted a 'trained nurse,' that no agreement could be arrived at." Two years later Miss Milne came over from Tasmania to confer with the Sydney Matrons upon the possibility of starting a Nurses' Association, but it was not until 1899 that the small band of undaunted leaders saw the fruition of their hopes, and the Australasian Trained Nurses' Association (so called because of its membership from all colonies) was founded, one of its objects being "To establish a system of registration for trained nurses."

The Royal Victorian Trained Nurses' Association was founded in 1901, in Victoria, and in the following year a reciprocal agreement was entered into between the two associations, and local councils were gradually established in Queensland, South Australia, Western Australia, and Tasmania. The two Associations have succeeded in securing a central examination for the pupils of the training schools throughout the continent, and a minimum of three years' training in hospitals with a daily average of over 40 occupied beds. Each hospital recognized by the associations as a training school agrees to abide by their schedule of training, and "sends in to them annual reports of the progress of each pupil or nurse in training. In this way the Council keeps in touch with its future members from the day they send in their papers to the Educational Committee; for every candidate for hospital training has to produce evidence that she has attained to a certain standard of education, and, failing such evidence, has to pass an examination to prove that she is sufficiently equipped so far as English and arithmetic are concerned."

The association registers those nurses who fulfil its requirements and pass its examination. "Nevertheless," we read, "in spite of the

unusual power and influence gained over hospitals in specific points of educational requirements . . . and despite the results gained by voluntary registration, far surpassing those achieved under voluntary auspices in any other country, the nurses and medical men of Australia came gradually to the conclusion that they must have the interference of the State in order to cope successfully with those institutions whose own standard as to education, or convictions of self-interest, clashed with the public good, as such centres could not be reached by the means available to a private society," and at a Conference in Sydney which "was attended by delegates from all the States of the Commonwealth working under the Australasian Trained Nurses' Association, one important subject discussed was the necessity for State Registration, which was unanimously recognized as pressing." The only Australian State where State Registration of Nurses has as yet been enforced is Queensland, and the history of its adoption demonstrates the value of professional organization. "In 1911 its Government amended the Health Act, and nurses were taken by surprise to find that some insufficient clauses were being added providing for registration. The Queensland Council at once called a special meeting, and the wishes of this professional body were submitted to the Ministers, with the result that all their amendments, except two, were accepted. On January 1, 1912, the Act went into effect. It is considered by the nurses fairly satisfactory, and they will keep a close watch upon its administration."

Another advantage of the professional control exercised by the A.T.N.A. and the R.V.T.N.A. is that private hospitals registered by them are pledged to employ only certificated nurses on their staffs.

Visiting and hourly nursing is undertaken where the whole time of a nurse is not required, and district nursing renders similar service amongst the poor. "Bush nursing," which is really the equivalent of rural nursing, and which was inaugurated by the Countess of Dudley, aims at providing that "no settler, however remote, no little home, in however distant and lonely a part of 'the bush' it may be found, shall be isolated beyond the possibility of skilled nursing care in time of need."

Medical inspection of school children is enforced throughout Australia.

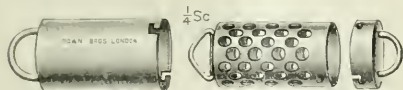
The story of Australia concludes:—"Much has been done in every way during the past twelve years by the two leading associations, but no record can give the true value of the

work done by many individual women in the early days. To the Matrons and Sisters of our hospitals in the various states is due the advance from that time when ignorant and uneducated women, many of whom could not even read and write, staffed our hospitals, to the present satisfactory state of nursing progress. The true history of Australian nursing is the story of the life work of many honourable women."

## PRACTICAL POINTS.

### A New Glove Sterilizer.

A glove sterilizer uncomplicated by hinges or lids, of a pattern small enough to be portable for private work, or made large enough to be useful in the theatre of a nursing home or hospital, is a desideratum which has not hitherto been obtained. Mr. D. M. Greig, F.R.C.S., Surgeon to the Dundee Royal Infirmary, has had made to his suggestion a "glove-sterilizing cartridge," shown in the illustration, consisting of a strong perforated metal inner cylinder with slip-on cap. This, after sterilization, fits into an outer solid cylinder into which the cap fits accurately and is



fastened with a bayonet catch, rendering the case air-tight. Handles are fixed at each end to allow of easy manipulation while the metal is hot—the lower handle of the inner cylinder folding up when the outer cylinder is applied, so as to economise space. The sterilizer can contain one to four pairs of gloves, according to the size of the cartridge used. The apparatus can be sterilized either by dry heat or by boiling, and takes up much less room than a box. It can be carried sterilized or the cartridge can be sterilized anywhere by tying a string to the handle of the inner cylinder and dropping it into a kettle of boiling water. For midwifery work or for dressing the single glove cartridge is invaluable, while for theatre work the larger size effectually ensures that the gloves are efficiently sterilized and do not come into contact with the sides of the sterilizer. The sterilizer, which is a registered design, is made in two sizes, by Messrs. Down Bros., Ltd., 21, St. Thomas Street, S.E. Price: Small, for one pair gloves, 14s. 6d.; large, for four pairs gloves, 22s. 6d.

### QUEEN VICTORIA'S JUBILEE INSTITUTE.

Miss Susan M. Chapman is appointed to Darwen as Superintendent. Miss Chapman received General Training at Paddington Infirmary, Midwifery Training at Camberwell, and District Training at Portsmouth. She has since held several appointments under the Institute and has been Acting Superintendent at Darwen since May.

## APPOINTMENTS.

### MATRON.

**Seaside Military Reception and Convalescent Hospital, Seaford, Sussex.**—Miss Frances Creaser has been appointed Matron. She was trained at the Royal Infirmary, Huddersfield, and has held the position of Sister at the General Hospital, Yarmouth, Night Superintendent and Assistant Matron at the Royal Infirmary, Huddersfield, and Matron of the Research Hospital (Military Auxiliary), Cambridge.

### ASSISTANT MATRON.

**Reigate and Red Hill Hospital, Red Hill, Surrey.**—Miss Edith Margrave has been appointed Assistant Matron. She was trained at the Royal Infirmary, Chester, where she has held the position of Night Sister. She has also held the position of Home Sister at the London Homeopathic Hospital, and is a certified midwife.

**County Asylum, Chester.**—Miss Amy Thomson has been appointed Assistant Matron. She was trained in mental nursing at the Ryhope Asylum, Sunderland; and in general nursing at the General Hospital, Birmingham. She has been Assistant Matron at Ryhope Asylum, and Sister at the City Hospital, Little Bromwich, Birmingham.

### NIGHT SUPERINTENDENT.

**Union Infirmary, Burnley.**—Miss L. Huband has been appointed Night Superintendent. She was trained at the Birmingham Infirmary, where she has held the position of Sister. She has also been Sister at the City Hospital, Little Bromwich.

### SISTER.

**City Hospital Annexe, Higher Lane, Fazakerley, Liverpool.**—Miss Edith Amy Jones has been appointed Sister. She was trained at the Crumpsall Infirmary, Manchester; and has held the position of Sister and Assistant Matron at the City Hospital, Grafton Street, Liverpool; at the Isolation Hospital, Keighley, and at Plaistow Hospital, London, E. She has also had experience of private nursing.

**County Hospital, Hertford.**—Miss Laura Payne has been appointed Sister. She was trained at the New Hospital for Women, Euston Road, N.W., and at the Salisbury Infirmary.

**City Hospital, Little Bromwich.**—Miss Carrie Tubbs has been appointed Sister. She was trained at Stoke-on-Trent Union Infirmary; and has been Staff Nurse at Cheadle Isolation Hospital; and has also done private nursing.

Miss Gertrude Whitehouse has been appointed Sister in the same institution. She was trained at King's Lynn Hospital, and at the Bolton Fever Hospital; and has been Charge Night Nurse at Southampton Isolation Hospital, and has had experience of private nursing.

**Royal Berkshire Hospital, Reading.**—Miss G. M. Douglas has been appointed Sister. She was trained at the Royal Infirmary, Preston; and has been Sister at the General Hospital, Wolverhampton; the Royal Hospital for Sick Children, Edinburgh; and Outpatient Sister at Chesterfield and North Derbyshire Hospital.

## NURSING ECHOES.

One of the effects of the present demand for nurses is the influence on the salaries offered to those holding permanent positions in institutions. We have before us quite a sheaf of newspaper cuttings in which an increase of nurses' salaries is discussed and sanctioned, not on the ground that their work deserves better pay, but because, by the rules of supply and demand, the committees employing them would lose their services unless salaries were increased, for they would take their wares to a better market.

Thus the West Bromwich Board of Guardians sanctioned a revision in the scale of salaries paid to nurses, on the ground advanced by the Chairman, Mr. J. W. B. Wright, who moved the adoption of the report of the House Committee containing this recommendation, and who said that "having regard to the arrangements made by other authorities, it was advisable to adopt it, to enable them to secure the necessary nurses."

At a meeting of the Committee of the Trowbridge Cottage Hospital the Matron, who stated that she would have to retain a supply nurse until a probationer was obtained, was asked whether she considered the salary of £10 offered to the probationer suitable. She suggested that if the probationer had more, her own salary and that of the staff nurse should be raised.

The Chairman thought they "would have to sanction a higher rate for a probationer, as things had gone up so, and the Red Cross Hospitals took so many girls." As to the payment to the staff nurse, he thought they ought to allow her a little increase. He was surprised to hear a fully trained nurse was only getting £20 a year.

It was agreed to give the staff nurse £25, and the probationer £12 10s.

At a meeting of the Sheffield Guardians the Rev. L. E. Day, in moving the adoption of the Hospital Committee's minutes, said they proposed to grant extra remuneration to various members of the hospital staff, in consideration of the extra work involved in the reception of wounded soldiers. They also proposed a war bonus of £10 per annum to each of thirteen sisters and two staff nurses, who are now doing duty as sisters. This was really necessary if they were to keep their sisters; otherwise there

was a danger of their being attracted by the good salaries which the Government was offering for nurses. At present the salaries were £10 to £16 less than those of nurses in military hospitals. They were assured that, if something of this kind was not done, they would have no certificated nurses in their hospital.

Whatever may be the cause, we welcome the fact that there is an upward tendency in regard to the meagre salaries paid to Sisters and nurses by many hospital authorities.

Mr. Charles Maisey, for thirty-eight years Parish Clerk at St. George's, Hanover Square, W., has had unique experience of things matrimonial, for numberless marriages, fashionable and otherwise, take place in that famous church. Here is one of his reminiscences, told by the correspondent of a contemporary:—"A gentleman of high degree was going to marry his nurse, and he had wicked uncles, just as in a fairy story, who meant to prevent him. They surrounded the church, and when the bridegroom got out of his hansom, they bundled him into a four-wheeler and drove him off. The bride went weeping away, and from that day to this Mr. Maisey has heard no more of either party."

At the Annual General Meeting of the Royal National Hospital for Consumption for Ireland, recently held in Dublin, the Chairman, Major E. R. C. Wellesley, J.P., who presided, said that the Board had good reason to know that the high standard of efficiency existing at the hospital, both medical, nursing, and administrative, is well appreciated by those who have been brought into contact with it. It was a cause for regret that some of the cases sent to the hospital are more advanced than they contemplated admitting in the earlier stages of their history. In regard to these matters the Board desired to express their thanks to Dr. Crofton, Visiting Physician; Dr. Hanan, and Dr. Crosbie, the late, and Dr. Kennedy and Dr. Gordon, the present Resident Medical Officers, and to Miss Taylor, Lady Superintendent, and the nursing staff generally. To their efforts and care under the Divine Blessing was due that high state of efficiency to which he had referred. He had no hesitation in inviting friends, whether as individuals or as representatives of public bodies, to visit the hospital, believing that they would find an institution second to none in equipment, organisation, and sympathetic attention to the welfare and comfort of the patients.

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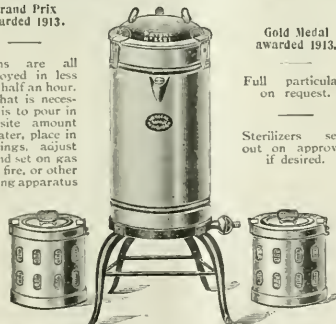
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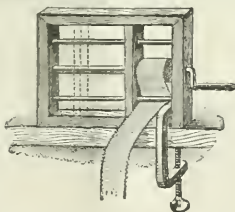
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The anti-alcohol campaign inaugurated by the New York City Health Department has received unqualified endorsement from the American Nurses' Association at the recent convention in San Francisco. In making public the text of the resolutions adopted by the Association, Health Commissioner Colchester said:—

"This endorsement is particularly gratifying, for no class of individuals comes into closer or more frequent contact with the evils produced by the immoderate use of alcohol. By their action the nurses proclaim their belief that this is distinctly a health problem, and should be dealt with by public health authorities."

The text of the resolution is as follows:—

Whereas the American Nurses' Association believes that alcohol lessens vital resistance, fosters poverty and all the diseases that come from poverty, hindering the progress of the community; and

Whereas the American Nurses' Association is firmly convinced that it is the greatest cause of human ills;

Therefore, be it resolved that the effort of the New York City Health Department to establish a betterment of public health by conducting a systematic, vigorous and definite campaign against this acknowledged evil, be given a full and whole-hearted endorsement by the American Nurses' Association assembled in San Francisco.

Members of the Registered Nurses' Society, 431, Oxford Street, London, W., past and present, are scattered far and wide doing good work for the community. A former member, Miss Amelia Pressly, has recently returned from Canada, where she was working at Whitby as a member of the Victorian Order of Nurses, work which she greatly enjoyed. Before leaving Whitby, at a public meeting, she was presented by Mayor Warren, on behalf of the Victorian Order of Nurses' Committee, with a gold wrist watch. The Mayor said that Miss Pressly had made friends of all whom she had met, and had given her time and energies most unselfishly for the good of Whitby people. At one time a rest was necessary because of the severe strain under which she had been working, and the number of calls sent in for her, but she was at all times cheerful and optimistic, and never a word of complaint was heard. It was because of her supreme self-forgetfulness that her departure would cause regret in every home in Whitby.

The President of the Society for State Registration of Trained Nurses acknowledges with thanks the following donations:—Miss Sleight, £2 2s. (in remembrance); Miss M. Lord, 10s.

## OUR FOREIGN LETTER.

### LETTER V.—ECHOES OF THE SAN FRANCISCO CONFERENCE.

DEAR MADAM,—In listening—as it has been my privilege to do—to so many admirable papers read at the Convention of the American Nurses' Association, I have been particularly impressed by the fact that the *key note* struck by all the speakers was the *essential value of education*. I have alluded to this before, but I wish to emphasise it because in this fact we find the reason—outstanding and clear—of the rapid progress which is being made by the American Nurses and their profound sense of their responsibility as servants of the sick. By the courtesy of the American Nurses' Association I am able to make quotations from a paper read by its retiring President, Miss Genevieve Cooke, who presided at a meeting of the members on the evening of June 21, which definitely proves my statement:—

"The nurse of to-day is educated by widely different methods, and to meet widely different demands from those of yesterday, and to lay a wise and adequate foundation to efficiently equip the nurse of to-morrow is one of the serious problems which concern our teaching body, and our far-seeing and sympathetic associates and medical officers. We may indeed be thankful that in the education of the present-day nurse, a wider interpretation of this simple title prevails, and whether the demand for service to-day calls her to the private home or to the hospital, or to serve in time of general calamity, such as earthquake, fire, flood, or to succour the wounded on cruel battle fields, the ministrations of the true nurse may be anticipated not only with a confidence that she possesses technical skill, and the experience which makes her the chief assistant to the great surgeon, but also with trust and belief that in her experience in the school of Life she has come into possession of that knowledge and sympathetic understanding of souls in distress, which fits her to be the chief assistant to the Great Physician. We must all in time come to recognise the truth of the statement that the development of a soul is not a peaceful process like the growth of a plant. The realisation of a Divine purpose within ourselves, we are told, is not in obedience to a tranquil necessity. For ever there is conflict between high ideals and low standards, a wrestling with the principles of evil, hand to hand; foot to foot, every inch of the way must be disputed. It is thus in our struggle for lifting the nursing profession to higher efficiency."

By the courtesy also of Miss Goodrich, Assistant Professor in the Department of Nursing and Health, Teacher's College, Columbia University, New York, I am also enabled to quote from her "response" to the most charming address of welcome given by Mrs. Frederick Sanborn, President Woman's Board of the Panama-Pacific International Exposition, on the same evening:—

"It was as you know, our purpose to hold at this time not only a National, but an International

Congress. We rejoiced that the Third Triennial Congress should have fallen upon this year, and that we too should have gathered together from many nations those deeply concerned in the upbuilding of our profession throughout the world. Alas! the great tragedy that is being enacted on the other side has made such a Congress impossible. At the opening exercises of Columbia University last year, President Butler said, with both bitterness and sorrow, 'The great scholars that were to have been with us this winter will not be here; they are on the other side killing and being killed.' This, thank God, we do not have to say, but rather can we say, those who were to have been with us this year, not only from other nations, but out of our own, giving us of their wisdom and their experience, and stimulating us by their presence, regardless of nationality, are binding the wounds of the injured and fighting pestilence and famine, are giving of their time, strength and even of their money, to repair in such measure as they can the terrible devastation that that appalling remnant of barbarism, legalised manslaughter, has precipitated in such an overwhelming degree. Inspired as we should have been by their presence, their absence is still more inspiring. Never were we so internationally united, for across the great distance that separates us comes their silent testimony to the place that has been assigned to our profession in the service of humanity. Again our attention is called to the fact that our calling knows neither day nor night, neither creed, sex, colour, nor nation, war nor peace, and again is emphasized the fact that a service so weighted with opportunity and responsibility cannot be fully rendered to humanity except all avenues whereby a thorough and comprehensive technical and theoretical preparation are opened to those seeking to prepare themselves for this service. . . . We face the future full of hope and courage, and again bend our energies to leave a sound educational foundation for the future generation of nurses, whose services will never be more greatly needed than in the years which will follow this great war. It is believed that the State and even the Nation should assume some responsibility in the preparation of this servant, whose services are of such wide value; and if a healthy nation is her greatest resource, she would be justified in placing at the disposal of any student of nursing the broadest educational opportunity, and we shall not rest until the institution of learning as well as the institution for the sick has opened its doors to our members, and until is required of every nurse a definite evidence through a licensing examination that she is equipped with the thorough scientific preparation through which only she can render her complete service."

The italics are mine. I fear I have already trespassed upon the space of the JOURNAL; my only excuse is, that all I heard was so interesting. In my next letter I will tell you about the great assembly at the Greek theatre, and what took place then.

Yours sincerely,

BEATRICE KENT.

## AN ILLUMINATING REPORT.

### ANNUAL REPORT ON THE PUBLIC HEALTH OF FINSBURY.

Dr. A. E. Thomas, M.A., D.P.H., Medical Officer of Health for the Metropolitan Borough of Finsbury and Barrister-at-Law, is to be congratulated on the Report he has presented to the Mayor, Aldermen and Councillors of the Borough, for 1914, for it is not only most instructive and illuminating, but also eminently readable.

The Report deals at some length with the subjects of Infant Welfare, Infant Mortality, Tuberculosis and Measles.

#### NOTIFICATION OF BIRTHS ACT.

Under this Act, 3,277 births in the Borough were notified during 1914. "The percentage of births notified by parents was 7.8; by medical men, 4.1; by midwives, 17.7; and by others—chiefly medical students and lady midwifery students (presumably pupil midwives)—70.4 per cent. The mothers in this last group were all attended gratuitously in their confinements. This means that in 1914, 1,800 Finsbury mothers, or two out of every three, were cared for during childbirth and during the subsequent lying-in period for no charge whatever, chiefly by the medical students of St. Bartholomew's Hospital, University College Hospital, the Royal Free Hospital, and by midwives and midwifery students from the City of London Lying-in Hospital, the Maternity Nursing Association, and the Royal Maternity Charity."

It also means that an extraordinarily large percentage of mothers are receiving assistance which is more or less unskilled at their confinements; for the services of midwifery students, whether medical students or pupil midwives, cannot be regarded as skilled.

In regard to notification, Dr. Thomas reports that there has been an improvement in recent years in the notifications received from parents, but some still show "a hazy knowledge of the provisions of the Act, coupled with a serious attempt and an earnest desire to master its simplicity and observe its conditions. Many of the letters are dictated by the mother who is still confined to her bed, and afford evidence of having been drafted by neighbours called together in consultation. Some of the letters bear no address; some are in the handwriting of a school child, who has become muddled by the different opinions expressed by the persons present, and hopelessly confounded by the intricacies of converting *oratio obliqua* into *oratio recta*. Here is an example:—

"Time —

19th November.

"Sex—none.

"Premature child dead who certifies is date Br. Night Date 19th November female child. Present at birth mother and the lady what makes the tea we dont know her address. Say father wasnt present, so he dont knows about it so please

excuse him but mother knows. It was a stile born and not in the according to the regulations please to say if it is not I don't think.

"NELLIE BURTON, Age 10."

#### NEIGHBOUR NURSES.

It has (says Dr. Thomas) been already pointed out that a large number of Finsbury mothers are attended in their confinements by students and pay nothing for such treatment. These mothers engage neighbours self-styled "nurses" to help them during the lying-in. Such "nurses" are the modern representatives of Mrs. Gamp. They abound in the Finsbury mean streets. They are engaged without any very clear notion of the duties they may be asked to perform, though some regard their presence at the mother's churcling as the most important service they can render. Many are decrepit, shambling, leaden-footed, deaf, halting, old cronies, dirty and ignorant. Some receive the Old Age Pension. They are inclined to be "independent." In the words of a mother, "It's hard to get them to come to you, if you are too particular—I am so thankful of her that I couldn't order her about. I am afraid to tell her to wash herself for fear she would leave me and not come back to me again."

One such nurse washed the mother once only during her lying-in.

They neglect the mothers and their babies. Some admit they do not understand babies.

They wash the mother occasionally on request, and then only partly. They do not wash their hands before attending to the mother.

They give the mother gruel for the first three days of her confinement, alleging that "it is healing to the insides"—they advise that the mother should, during this period, drink gin, because "it keeps the insides sweet."

Some neighbour-nurses wash the mother's diapers, others merely throw them under the bed and leave them there until their offensive smell is noticed.

Sometimes the nurse may prepare food for the father and elder children—if she does, she expects beer money. Generally the father gets his food outside in a coffee shop—while the children are either fed by the eldest of them, who may be only 12 or even 10 years old, or they are received at meal times at the table of a relative or near neighbour.

Some of the more considerate "nurses" scrub the floor, wash the household utensils, come in at 3 p.m. to give the mother a cup of tea, and toast, and at 7 p.m. to give her gruel. They are responsible for many of the foolish practices which obtain in the borough. They are expected to wash the baby, and in so doing wrongly pull away the cord prematurely, leaving an open wound, which they dress improperly with Fuller's earth or with burnt rag. They are eager to give the newly-born baby butter and castor oil, and worry the mother unnecessarily because "its little bowels hasn't acted." They bathe its eyes with stale milk and water, regarding this treat-

ment as a specific for enabling it to "get the sight into its head." They look with indifference upon "thrush." One "nurse" averred that "Thrush was a natural complaint with babies, and showed their stomachs was working all right;" she had had 13 children, and they had all had thrush.

By the Midwives Act, 1902, they are forbidden to act as midwives save under circumstances of great emergency, but there is no doubt that many do so act, staying with the mother during her labour until the child is born, and endeavouring to help her during her trial by numerous artifices which are as useless as they are popular.

When the child has been born, they send for a student from one of the large general hospitals. In this way the neighbour-nurse is "covered" should any calamity occur.

These "nurses" have their obsessions and their old-time beliefs. They assert that—

1. Breast milk and cows' milk will not mix, so that the baby should be fed on one or the other, and not on both.
2. Cow's milk is never twice alike.
3. Cow's milk for babies should be from one cow, and there is always one cow for every baby, whose milk alone suits the baby.
4. A baby can't make enough heat to sleep in a cot by itself.
5. It is unlucky to weigh a baby, and dangerous to cut its nails. The nails must be bitten off with the teeth until the baby is a year old.
6. A baby must not be put out in the fresh air, or it will get sore eyes.
7. A quick cure for "thrush" is to wipe out the baby's mouth with its wet napkin.
8. If a baby cries without any apparent cause, this is due to some wish of the mother ungratified during her pregnancy.
9. Puerperal Fever is due to the washing of the lying-in mother.
10. Prolonged suckling prevents conception.

These and many others are the crude ideas which are kept alive in London slums by "nurses" of the type now under review.

It is a pity that the hospitals which now work in the district do not establish an efficient service of maternity nurses to displace some of these noisome and unsavoury "Gamps."

Otherwise, the Borough Council might subscribe to the funds of the Royal Maternity Charity or Maternity Nursing Association, on condition that these bodies provided a nurse to attend to Finsbury lying-in mothers on the request of a lady health visitor. It is computed that one nurse devoting her whole time to this work could attend to 300 mothers during the year.

Surely if such legends still have credence with the women attending maternity cases it is time that some comprehensive scheme was organised throughout the country to provide poor mothers with better care.

(To be concluded.)



## BOOK OF THE WEEK.

## "ANGELA'S BUSINESS."\*

We may take it that Angela's business was to be Womanly, with a big "W," which included the business also of Home-making, with a big "H." Cousin Mary was modern, and assistant principal of the great City High School, "where no woman had ever been before her, and where she had arrived only after eight years' incessant battling upward. Considering her history and her exploits, it seemed she should have been six feet tall, with a gaze like a Gorgon. But Mary Wing was actually a slight and almost fragile-looking creature, with quite girlish blue eyes in a colourless face that wore an air of deceptive delicacy."

Charles Garrott was a writer, who viewed Woman never as *La Femme*, but exclusively as a Question.

In this somewhat complex story, these three persons figure largely; and Charles' views on the Question were modified on the one hand and enlarged on the other by his intimacy with Angela and Mary.

Mary Wing is interested in her little womanly cousin Charles and her inefficient father (Dr. Wing).

Discussing them as new-comers with Charles, she remarks:

" 'He'll need some patients, too, to eke out. I must look to that,' she said, popping the second half of a sandwich into her mouth. 'I suppose you don't know anyone who intends to be sick soon, in a costly way?' He shook his head. He himself, he intimated, had no idea of getting sick merely to oblige her rural cousins."

" 'What does that girl do?' he added, almost irritably."

" 'Didn't you tell me there was a girl, twenty-five years old? Why doesn't she work and eke out? What sort of girl is she? Little nitwit, I suppose?'"

" 'She's my cousin.'"

" 'Lots of people have little nitwits for consins. Why doesn't she pitch in and earn her keep like a free personality? as our friend Miss Hodges would say.'"

"Miss Wing was observing him with a strange air, resembling amusement. 'You must really ask her yourself, some time, Mr. Garrott.'"

Mr. Garrott was described by Mary's subordinate teachers as "the nicest thing—so cunning-looking. 'I've always been intrigued, I admit,' said the school teacher, 'by the three brown freckles on his nose.'"

Angela, shortly after her introduction to him, became of the same opinion. It was at her bridge party that matters came to a head.

"Let there be no wriggling or evasion here! Charles Garrott, who scorned *La Femme*, and viewed woman exclusively as a Movement, did

bend his neck and kiss the Mitchelton Home-maker upon a sofa. Prompted by a not unnatural curiosity, the lady said, 'Oh! . . . Why do you do this?'"

Charles Garrott was not the first gentleman on earth to fail to utter promptly the one satisfactory comment on his behaviour.

Charles lived to repent the kiss, but being a man of resource he evades with difficulty and much finesse little womanly Angela's unwelcome attentions, and ultimately succeeds in edging one Donald into the unappreciated position of Angela's beloved. For himself, he discovers what he ought to have known from the start, that it does not necessarily follow that because a girl is not a fool that she is unwomanly, that in Mary Wing "there was no competence in man that this woman did not have; she was as versatile and thoughtful and free as the best of them. And through and beyond all this, there was the discovered marvel that she had tilted and kept sweet the garden of her womanhood."

"Charles heard her voice, tender as a mother's: 'Ah! have I anything to give you, do you think, that hasn't been given; what sort of ending do you want?'"

"So Charles told her then what sort of ending he wanted, and that and no other was the ending he had."

H. H.

## A TESTAMENT.

As I go up and down this land of ours,  
Despite the dry hearts hustling after gold,  
The poor still doomed to marred and sunless lives,  
The swine-men with their careful gourmandry,  
And women with their scorn of motherhood,  
In face of all the crumbling of our creed  
And failing of the olden forms of faith,  
While nation tramples nation, red with blood,—  
Though these things be and many an equal ill,  
Always I find one bravely growing flower,  
One live bright stream with ever-broadening flow;  
It is the flower of Right-for-right's-great-sake,  
The stream it is of Man's-vast-love-for-man.  
—From "The Other Side of Silence."

Habberton Lulham.

## WORD FOR THE WEEK.

"To our common life, at this grave hour, the women of the Empire are contributing a service which manhood cannot rival. The tender and resourceful sympathy which is brightening hospital and home does not stop there. It gives itself, among other things, to 're-creating' in a very true sense the lives of countless men who would do badly without such aid. Above all, from English womanhood in our homes, we have learned this year new lessons of the uplifting power of Christian faith and courage and endurance in face of such sorrow and strain as can hardly be expressed in words."—*The Archbishop of Canterbury in St. Paul's Cathedral.*

\* By Henry Sydney Harrison. Constable & Co., Ltd., London.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## THE SPIRIT OF RESPONSIBILITY.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—You have from time to time invited your readers to correspond or rather encouraged members to take advantage of the Journal's columns, in which to express their opinions. Therefore might I ask you to insert the following:—

Is the spirit of responsibility deteriorating in the trained nurse of to-day, and if so, why?

I have been in close association with our profession now for the past eighteen years, and I cannot hesitate to say that there has been, in my humble opinion, a marked deterioration in the conscientiousness of carrying out "duty" in trained nurses within the last five or six years. Some will at once answer: "Oh! it is just the spirit of the age." If so, no such spirit should ever be allowed to enter into a profession such as ours; there is not and never should be any room for it.

I was told, about four months ago, by one of the leading surgeons in the North of England, who has been examiner of nurses in one of our largest training schools there for many years, that the material is at fault, that they cannot get the right class of girl to go in for her training now, and that the ones who do go are not sufficiently educated. This opinion was re-echoed to me only a few days ago by the Matron of one of our South county hospitals. It is, I believe, in a great many instances true, but extra patience and pains in the training can rectify this to a great extent, yet to my mind, it is not in them that our chief danger lies. I have purposely mixed in certain circles of fully trained certificated women of various schools, and this is what I find: there is, unfortunately, a spirit among a certain number who think themselves not only highly educated but polished women of the community, yet who have not sufficient intelligence to carry out their professional duties without continual breaches of regularity, and what is far more serious, criticisms of those in authority over them, also a great tendency to try to spread a spirit of discontent amongst contemporaries and juniors—in one word, Agitators!

This surely should never be; they sometimes cloak it in "Taking an intelligent interest" in either the work, housing, catering or in fact the general management of the institution, of which they are *not* put in charge and therefore are not held responsible for.

If this is true, and I fear many of our readers must find it is, surely it can and should be remedied.

We all want State Registration, and rightly so, but we who really want it, want a band of registered women who at all times and under all circumstances will conscientiously adhere strictly to duty and discipline. Members who are willing to obey implicitly the heads of all the different branches.

If only we would all remember from whence authority comes, and that it is of Divine origin, this in itself should aid in helping to rectify deficiencies, also try to keep before us that it is far easier to obey than to command and that in obeying we aid tremendously those at the head of affairs, if, individually we would carry out faithfully the trust they have put upon us, resting assured if we are needed at the head, we shall be called there.

Yours faithfully,  
A TRAINED NURSE.

## INTRA UTERINE MANIPULATIONS.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I fully endorse the opinion of your correspondent as to the desirability of a further examination for midwives who so desire it, after a course of practical instruction in emergency manipulations. I would have the examination fairly stiff, not in text book knowledge, but in practical work conducted in the labour wards of maternity hospitals. A midwife cannot know too much, though she may do too much, but the more she knows the less likelihood there will be of her assuming the rôle of the medical practitioner. It is a little knowledge which is a dangerous thing.

Yours faithfully,  
TWENTY-FIVE YEARS A MIDWIFE.

## REPLIES TO CORRESPONDENTS.

*Sister (Paris).—*The book you mean is the "Hospital Handbook in English and French," by H. Meugens, for use at the Front. It is published by Simpkin, Marshall, Hamilton, Kent & Co., Ltd., 4, Stationers' Hall Court, E.C., price 1s. net; and obtainable in France from Meriwede, 60, Rue Victor Hugo, Boulogne; Galignani, 224, Rue de Rivoli, Paris; and Brentano, 37, Avenue de L'Opéra, Paris.

## OUR PRIZE COMPETITIONS.

*August 21st.*—What is Anthrax? State details of nursing.

*August 28th.*—Describe the most practical and aseptic indoor uniform for War nursing.

## OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

# The Midwife.

## MATERNITY BENEFIT.

A conference was recently held at the Royal Maternity and Women's Hospital, Rotten Row, Glasgow, presided over by Dr. J. C. M'Vail, Vice-Chairman of the Scottish Insurance Commissioners, at which the rules applicable to the disposal of maternity benefit under the National Insurance Act were considered.

The Chairman referred to the important work carried on by the maternity hospitals, and said there never was a time in the history of this country when the duties which they performed towards mothers and children were more necessary than they were at the present moment. If they wanted to make up for the losses caused by the war it was absolutely necessary that every child born should be made fit for its place in life, and that mothers should be in a position to do justice to the upbringing of their children. Maternity benefit under the Insurance Act did not mean cash benefit only. The Act was careful to say that maternity benefit might be paid "in cash or otherwise." It was further provided that agreements might be made between hospitals and approved societies, and that, as regarded maternity benefit, the agreements would be to the effect that a given part of the benefit should be paid direct to the hospital by the approved society. That unquestionably was a proper use of maternity benefit with regard to insured persons who took advantage of the hospitals. No matter what society the insured person belonged to the benefit given by the hospital, whether in the wards or by skilled attention under hospital supervision in the home, was uniform. The benefit was uniform, and the payment in respect of the benefit should be uniform. That uniformity could only be achieved by a uniform agreement—by an agreement which would be adopted by all societies.

Dr. Jardine said that in addition to treating the mothers they also hoped to inaugurate a department, which they thought would be of very great benefit, to look after the babies during the first year of their lives. He thought that the Maternity Hospital was the place that work should be done from, preferably to the health department of the city—at all events so far as the babies born in the hospital were concerned. But they required money to carry on all the work of the institution, and he looked to the approved societies to assist them in the way which was now being considered.

A resolution was passed, unanimously expressing the opinion of the meeting that it was desirable that approved societies with members in Glasgow and district should enter into a uniform agreement with maternity hospitals, in respect of members receiving treatment through the hospitals.

## THE NOTIFICATION OF BIRTHS (EXTENSION) ACT.

The Notification of Births (Extension) Act, 1915, was amongst the measures which received the Royal Assent before the adjournment of the House of Commons.

### A MIDWIVES' ACT IN VICTORIA.

A Midwives' Bill has passed the Legislative Council in Victoria, Australia, and has now become law, thus bringing Victoria into line with Queensland and Western Australia. During the discussion of the Bill in the Legislative Council, an amendment was moved, giving the board power to suspend midwives who treat patients in premises considered to be insanitary. This was opposed by the Minister of Health, Mr. J. D. Brown, on the ground that similar powers were vested in the Board of Health, which enforced the regulation strictly; and that it would be undesirable to have two boards dealing with the same matter. The amendment was, therefore, withdrawn.

Another amendment made it a condition of registration that the applicant should have had two years' practice as a midwife in Victoria: Mr. R. Beckett, who proposed the amendment, said that it would prevent women rejected from practice in other States from obtaining registration in Victoria. He contended that, under Clause 14 of the Bill, no discretion was given to the Board as to accepting or rejecting candidates. The Minister opposed the amendment, which was eventually agreed to, on the ground that it was unnecessary.

The correspondent who sent us this news, writes: "I feel sure you will be interested to hear that we have got our Midwifery Bill through Parliament. I hear the Upper House inserted that amendment *re* the two years' practice in Victoria, but there is every probability that the State House of Parliament will bring it back to one, as in the opinion of those qualified to know, the Board has every possible control and power *re* registration."

### MIDWIVES IN THE STATE OF NEW YORK.

In a report of the committee on midwives, at a meeting of the Medical Society of the State of New York, it was stated that the midwives in New York City were delivering more than four times as many women as the entire capacity of the lying-in hospitals of the city. The committee believed it impracticable to abolish the midwife at present. She should be educated and improved, so that her work would be of such a character as to at least partially justify her existence.

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### BUSINESS\* HABITS.

One of the most valuable assets which women who are contemplating adopting nursing as a profession can possess is the formation of business habits, for if these are not acquired in youth their acquisition in later life will require more or less painful effort, yet they are essential to success in the practice of any serious profession.

It is sometimes alleged that nurses, invaluable and indispensable as they are in their own special branch of work, are not businesslike in their general relations to the community. It is therefore well for individual nurses to consider whether this charge is just, and what are the habits they should cultivate in relation to the public and in their own work.

In a community life such as that in hospitals and kindred institutions it is manifest that individual must be subservient to general interests; only so is community life possible.

Punctuality and method are two cardinal virtues which must be practised in institutional life, if the organization as a whole is to run smoothly and waste of time is to be avoided. To take a concrete example. Suppose when the day and night nurses change duty the former are not in the wards as the clock strikes, and when they arrive—say a minute behind time—they spend another two minutes in conversation instead of getting to work at once, this means, if 100 nurses change duty, a waste of several hundred minutes each day amounting to many hours in the course of the year.

Again, in the performance of work, method is essential not only for the comfort of the patients but in order that every moment of precious time may be utilized to the fullest advantage.

This is the reason for the military discipline which is observed in well-managed hospitals, and many a probationer who chafes at what she considers unnecessary strictness and irksome rules in regard to punctuality, comes to realize later in her career that they are of the utmost importance.

Another virtue which, apart from any ethical standards, is essential to success is courtesy. In hospital wards as well as in private practice a courteous and sympathetic manner at once produces a favourable impression, and predisposes those with whom a nurse comes in contact to her influence.

Probably, however, it is in her business relations outside institutions, where a mentor is usually at hand, that a nurse is most open to criticism.

How many nurses when applying for a post state briefly where and when they were trained? A favourite form of application seems to be "I hold a certificate of training from a recognized training school." If the Matron of the hospital or the Superintendent of the private nursing association wishes to consider the application the applicant must be communicated with, and asked to state in what school she was trained, for how long, and in what years. It is inconceivable but true that many nurses do not know the dates between which they were trained, and remark when asked that they have a bad memory for dates.

Again nurses not unfrequently fail to keep written records of their professional engagements, and lawsuits have resulted between aggrieved employers and aggrieved nurses—usually in regard to maternity cases—in which the nurse has been unable to substantiate her claim by a particle of written evidence.

The cultivation of business habits is thus a matter of great importance to nurses.



## OUR PRIZE COMPETITION.

### WHAT IS ANTHRAX? STATE DETAILS OF NURSING.

We have pleasure in awarding the prize this week to Miss Amy Phipps, L'Hôpital Temporaire, Arc-en-Barrois, Haute Marne, France.

#### PRIZE PAPER.

Anthrax is due to a micro-organism, first discovered about the middle of the nineteenth century, and later found to be the cause of this disease. The bacillus anthracis, as the germ is called, is a spore-producing organism, which grows in long chains, and is very difficult to destroy, being unharmed by extremes of temperature or strong disinfectants. The name is applied to two diseases: (1) anthrax proper, also known as splenic fever or murrain; (2) carbuncles.

The disease is chiefly met with in the cattle-farming districts of the Colonies, and is usually transmitted to man from the skin and fleeces of the cattle, where it is usually first present.

It is found that the fleeces, kept dry, retain the spores for years, when they become mixed with the dust, and when this flies off and is inhaled by the workers, an internal form of anthrax results. This danger has been minimised by the fact that now the skins are always handled wet. The disease sometimes occurs as an epidemic, and is sometimes sporadic, the germ gaining admittance through a crack in the skin or by inhalation, the former usually causing external and the latter internal anthrax.

1. *The External Form.*—A few days after infection, or often less, a red, inflamed swelling appears, which increases greatly in size; upon the centre appears a bleb of pus, which bursts, and leaves a black scab, about the size of a sixpennypiece. The inflammation often lasts ten days or so, when it slowly subsides, and, in favourable cases, the patient recovers. There is fever and great prostration present throughout, to which, in many cases, the patient succumbs.

2. *Internal Anthrax.*—When the spores have been drawn into the lungs, the resulting form of anthrax is known as wool-sorters' disease and there is usually septic pneumonia, with hæmorrhage; or when they have been swallowed, there is ulceration of stomach and intestines, and excessive inflammation, often resulting in gangrene, of the spleen. This form is usually fatal in a few days.

The treatment is largely preventative. This is carried out by means of disinfecting with superheated steam (steam at a temperature of 212° F. passed through pipes heated to 250° F. or higher) any fleeces which are in the least likely to be contaminated; also all hides should

be handled wet. The hands of workmen must be washed and their clothes changed after touching the hides, before partaking of food; plenty of fresh air and general cleanliness must also be insisted upon.

Where the disease is present, the following is the usual treatment:—

1. For the external form, cutting out or opening up of the pustule, cauterization, and the use of strong antiseptics are usually prescribed; the great weakness, pain, and any other symptoms must be treated as they arise. The general nursing rules as regards fresh air, good nourishing diet, and cleanliness will be insisted upon. A stimulant is usually prescribed; also aperients to help remove the poison. Of course, in all cases medical treatment is necessary.

2. The internal form.—All that can be done here is to strive to stimulate the vital powers and support the general strength, and do all possible to relieve symptoms and add to the patient's comfort. When nursing an isolated case, the nurse could often use her influence to find the source of infection and to have it effectually dealt with, to prevent a spread of the disease.

Carbuncles are no longer treated as anthrax, so do not call for consideration now.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dorothy Humphreys, Miss Irene M. Parkerson, Miss A. Calvert Jones, Miss Mary Robinson, Miss Jessie Mackintosh.

Miss Irene M. Parkerson writes:—"Complete isolation of the patient is called for. Gloves should always be worn whilst dressing the patient. The diet should be light and nutritious. Collapse, vomiting, diarrhoea, dyspnoea, cyanosis, delirium, convulsions, coma—all are imminent, and must be dealt with as they arise."

Miss A. Calvert Jones points out that the nursing will depend upon which form the disease takes; in the respiratory form, as for pneumonia; when the alimentary canal is attacked, attention to diet, &c.; and the infection of the skin, as for a specific (infectious) fever. The general treatment consists in feeding and stimulating the patient as freely is possible. The same precautions as in other infectious diseases should be taken by the nurse, and it should be remembered that the spores of anthrax are very difficult to kill, and extra time must be taken in sterilizing instruments, &c.

#### QUESTION FOR NEXT WEEK.

Describe the most practical and aseptic indoor uniform for war nursing.

## URINE ANALYSIS FOR NURSES.\*

By HENRY F. KEEVER, M.D.,

*Assistant Visiting Physician, Newton Hospital,  
Newton Lower Falls, Mass.*

**Definition.**—Urine is a watery fluid secreted by the kidneys. In health it contains a large variety of constituents derived from the breaking down of the fluids and tissues of the body from certain elements of the food.

**Secretion.**—There are two theories: First, that of Ludwig, who regards the kidneys essentially as filters through which the waste products pass from the blood out of the body. He regards the process purely as a physical one, depending on the principles of diffusion or osmosis, this process taking place in the tubules of the kidney.

The second theory is that of Bowman-Heidenhain, according to whom the kidney is essentially a secreting gland and the urine a mixture of certain characteristic elements, as urea, water, salts, &c., which are secreted by the epithelial cells of the urinary tubules. According to Bowman, the glomeruli are filters for water and inorganic salts, and the tubules true secretory structures for urea and related bodies. This is a physiological action. The best proof of this is that when the epithelium of the tubules is destroyed by disease, certain toxic products are retained in the blood, causing uremia, while the urine is more watery and contains a smaller percentage of its characteristic solids. Under pathological conditions the abnormal constituents, such as albumin in albuminuria, hemoglobin in hemoglobinuria, and sugar in glycosuria, seem to escape from the blood into the kidney through the glandular epithelium.

**The Mechanism of Excretion.**—Four factors are concerned in the mechanism of excretion: kidneys, ureters, bladder, and urethra. The kidneys secrete urine constantly into the ureters, which discharge their contents into the bladder by a series of spurts, the muscular contractions beginning at the kidney and going in waves to the bladder.

As the bladder fills, muscular contractions set up, forcing a few drops of urine into the urethra. These act as stimulus to the nerve cells in the lumbar region of the spinal cord, and the person is conscious of the desire to urinate.

### *Properties of Normal Urine.*

The chemical composition is very complex. It contains the end results of varied metabolism

of the body. Its importance in this respect is greater than the other excretory organs, as the lungs, skin, and intestines. The 24-hour amount in an adult is 1,200 to 1,600 c.c. The average is 1,500 c.c., or 3 pints. Women pass smaller quantities than men. Small-sized persons void less than large-sized individuals. Drinking of much liquid increases the amount, while free perspiration diminishes the average amount; considerably smaller quantities are passed in warm weather than in cold.

**Oliguria:** A diminished quantity.

**Anuria:** No urine, or a very small quantity, as in partial or complete suppression.

**Polyuria:** Markedly increased quantity.

**Hydruria:** An increased proportion of the watery constituents.

### *Directions for Collecting Urine.*

1. Have two clean quart jugs.
2. Pass the urine at 7 a.m., throw this specimen away; then save in the jars all urine passed until 7 a.m. the next day, including that passed at 7. Mix and measure. A pint will do for laboratory examination. In suspected nephritis, separate day and night portions.

### *Methods of Collecting Urine.*

#### (ADULTS.)

1. Heat in form of hot compresses, or hot-water bottle over bladder.
2. Enema. With this method the urine is usually lost in the female, but can be saved in the male.
3. Allow patient to sit up.
4. Auto-suggestion. Allow patient to hear running water from a tap.

#### (INFANTS.)

1. Warm cup or bowl under buttocks, with pressure over pelvis, when infant wakes and has a dry diaper.
2. Try suggestion number one when giving a bottle, for it is customary for an infant to urinate when feeding, or directly after.
3. A test tube may be strapped on the parts with adhesive plaster.

**Colour.**—Due to pigments. Normal colour is a clear, pale yellow, with straw or amber tints, but in health it may vary considerably according to the amount of water drunk. Dilute urines are usually pale; concentrated urines, deeply coloured. Colour is not a very trustworthy sign in urine examination.

On standing and on cooling, a normal urine, as a rule, precipitates—first, amorphous urates, which appear as an indefinite, feathery cloud; then uric acid crystals, and sometimes calcium oxalate crystals.

\* From *The Modern Hospital*.

If allowed to stand open, exposed to high temperature, the urine becomes clouded from the large number of bacteria and fungi. At the end of a few days it becomes ammoniacal—the urea changing into ammonium carbonate. Then the urine grows alkaline, and the sediment contains ammonium urates, triple phosphates, and amorphous masses of calcium phosphate. This is known as alkaline fermentation.

Acid fermentation may occur, in which there is an increase in acidity, darkening in colour, deposition of uric acid and urates, with yeast fungi and bacteria. This change is probably caused by mucus. The most practical method of preserving urine is by the addition of one drachm of a cold saturated solution of boric acid to each quart of urine.

**Normal Urine.**—In a normal urine we often see a filmy cloud of mucus. If the urine is concentrated, uric acid salts separate out, causing a sediment which is brick-dust red or flesh colour.

Continuing decomposition, ammoniacal fermentation goes on, urea changes into ammonium carbonate, and phosphates are precipitated, which will disappear on addition of several drops of acetic acid.

**Reaction.**—Urine is normally acid, due to the presence of acid sodium phosphate and acid urates. Normal urine turns blue litmus paper red. The acidity varies at different times of the day, diminishes soon after a meal, and reaches its lowest point in three to four hours after meal time.

Freshly passed urine may be alkaline; that is, it will turn red litmus blue; this alkalinity is due to changes in the blood or stagnation in some part of the urinary tract. When urine affects neither blue nor red litmus paper, or turns blue slightly red and red slightly blue, then the reaction is said to be amphoteric.

**Specific Gravity.**—Normal urine varies between 1.012 and 1.024, averaging 1.020 at 60° Fahrenheit—due to solids, salts, and urea.

**Odour.**—Normal urine has a peculiar aromatic odour. It may be affected by eating certain kinds of vegetables, notably asparagus and garlic. When alkaline fermentation takes place, we have the development of ammonia, with its known pungent odour.

**Sugar or Glucose.**—Present in such small amounts in normal urine that it can be disregarded.

**Albumen.**—Ordinarily not present in health.

**Urea.**—Dependent on the amount of albuminous food taken, and is derived from the metabolism of the proteids. It varies with the amount and composition of the food, and with

the rapidity of tissue waste in health and disease.

**Inorganic Salts.**—The chlorides are most important, mostly existing as sodium chloride, and small amounts are combined with potassium and ammonium, varying greatly with the kind of food. The chlorides are diminished in all acute processes.

#### A DEPILETORY FOR PREPARING THE SCALP FOR OPERATIONS.

Major Alexander Don, F.R.C.S. (Edin.), R.A.M.C. (T.), writes in the *Lancet*:—Those of us who are working at the front are often faced with the problem of how to clean a large area like the scalp in a short time. I can recommend the following as worth a trial, and I believe it is being fairly extensively used at present by those at the base who know the method.

The hair is first cut with a scissors or a clipper, and is next washed to loosen the clotted hair. The depilatory, which is a mixture of sod. sulphide, cold-water starch, and fine unslaked lime, is then mixed to a consistency of thick soup, and is immediately well rubbed into the whole scalp. In seven to ten minutes, which is about the time one takes out here to prepare oneself for a head operation, the whole can be taken off with the back of a spatula, leaving the scalp quite bare, and with no cuts like after many a shave. No further cleaning is required, but the operation area may be further prepared to choice. Such a method ensures that the tiny wound of entrance of a rifle bullet will not be overlooked, as often happens when shaving the area of exit alone is resorted to, no other injury being noticed on account of blood or hair, or both. The preparation is difficult to make up in such a way as to ensure its keeping, but I have always been able to get it from Messrs. Paterson & Sons, Aberdeen, quickly and in good condition.

#### RESEARCH IN ANTISEPTICS.

In an article on the above question, the *British Medical Journal* points out the interesting fact that Professor Lorrain Smith and others, after investigations conducted in the pathological department of the University of Edinburgh, confirmed the conclusion that hypochlorous acid was a most powerful, effective, and innocuous antiseptic. The investigations carried out independently by Dr. Henry D. Dakin in the University of Leeds, and tested at Compiègne, as reported last week, led him to practically the same conclusion.

## NURSING AND THE WAR.

Miss J. E. M. Barbier, R.R.C., whose portrait we are able to publish by the courtesy of the Editor of the *Lady's Pictorial*, has had the honour of being mentioned in despatches, and also of receiving the Royal Red Cross from the King. Miss Barbier was trained at the Royal Infirmary, Bristol, and was sent to France as a member of the Civil Hospitals Reserve. At the half-yearly meeting of the Board of Governors, held at that institution last week, the announcement made by the President, Sir George White, that this distinction had been conferred upon a member of the nursing staff, was greeted with much applause.

One of the pleasant duties of the members of the staff of a professional journal, such as *THE BRITISH JOURNAL OF NURSING*, is to visit institutions—pleasant, not only because they thereby see all the newest developments and devices used in nursing the sick, but because of the courtesy of the Matrons who not only readily explain all there is to be seen, but make the visitor feel really welcome. This, in a Matron upon whom duties throng in connection with the opening of a new hospital, or department, is no small achievement, especially in one of the new Military Hospitals, where everything has to be planned and organized from the basement to the roof, with a staff gathered together from a number of different hospitals. Yet only twice in a period of twenty years can the writer remember a reception in one instance chilly, in the other discourteous. She remembers very many acts of courtesy and much warm hospitality to the stranger within the gates.

In the correspondence which has been taking place in the *Spectator* in relation to the treatment of V.A.D. War Probationers by hospital Sisters and Nurses it is evident that the situation created by the introduction of such probationers contains elements productive of friction. The war probationer, who outside the hospital declares that she does not mind what she does, her only desire

is to be of use, inside the hospital is apt to expect to be allowed to undertake responsible nursing duties, and to be instructed how to perform them. The trained nurse, on the other hand, shorthanded, and with her energies concentrated on fulfilling her obligations to the patients in her care, knows that there is no time to teach probationers—probationers, moreover, who, once the war is over, do not contemplate taking up nursing as a profession, or devoting themselves to the care of the sick. We do not believe there is a trained nurse, in one of the hospitals in which war probationers are working, who would not further the desires of any showing an aptitude for nursing if

they wished seriously to take up nursing as a profession. But no one knows better than a trained nurse how a little knowledge of nursing may be a dangerous thing, and she is not inclined to help birds of passage to acquire it. The craftsmen of this country in former days attained their skill, and therefore their reputation, through the system of apprenticeship, by which the apprentice was bound for a term of years to his master, and learnt his trade thoroughly. The profession of nursing is a stern one, demanding long apprenticeship and the whole-hearted devotion of those who practise it. It will not tolerate a divided interest. Those who realize this, and give it the place which it claims, will find that it repays all the devotion they can lavish upon it.



MISS J. E. M. BARBIER, R.R.C., MENTIONED IN DESPATCHES.

Miss Phoebe Mapletoft, of the Registered Nurses' Society, who went out to France last October, has now returned home and is taking a much-needed rest. The greater part of the time she has spent in L'Hôpital Notre Dame de Greves at St. Malo, a hospital of 135 beds, which has received many seriously wounded cases. The hospital was established owing to the enterprise of Mr. Insley and the English colony in St. Malo, the majority of the nurses, as well as the medical staff coming from Bournemouth in the first instance. It was opened first in the Casino in St. Malo, and then moved to a building in lovely country between Paramé and that town. Miss



Mapletoft first had charge of the tetanus ward, in which all the cases were very ill on admission, but nevertheless, treated with injections of antitetanic serum, the results were very good. She next was in charge of surgical wards with 24 beds for surgical cases, with two Voluntary Aid probationers to help her, and latterly was Sister-in-Charge of the operating theatre as well, which was very up-to-date and well equipped.

The Surgeon-in-Charge, Dr. Cope, of Sydney, N.S.W., works on the aseptic system with excellent results. The method employed in connection with septic wounds is to open them up so as to afford free drainage, the wound is then washed out with saline, and dressed with sterilized white gauze.

The Matron of the hospital is Miss Williams, and both patients and nurses are well looked after. The nursing staff live in a villa outside the hospital, and the rooms and beds are comfortable and the food good. The staff consists in addition to the Matron, of six Sisters and one Night Sister, besides probationers. There is also an English house-keeper, with French cooks working under her. Altogether the English colony in St. Malo is to be congratulated on its hospital.

Like most nurses, Miss Mapletoft speaks highly of the French patients, and also of the Algerians who came under her care.

The Nursing Sisters promptly sent out to Egypt in May last at the request of the Dowager Countess of Carnarvon and the Committee of the Military Hospital Fund in Egypt are now working with the Joint War Committee of the British Red Cross Society and the Order of St. John of Jerusalem, under the Malta, Egypt and Near East Commission, the Military Hospital Fund being now merged in that of the Central Society. Some of the Sisters have been on transport duty, first on a troop ship and later on a well-appointed hospital ship, and on the journey to Lemnos have time to enjoy the loveliness of the Mediterranean and Aegean Seas. On the return journey to Alexandria or Malta, as the case may be, with hundreds of sick and wounded men, there is no time to think of anything but the work in hand.

Certain Sisters are detailed for duty at the 21st General Hospital, Ras-el-tin, Alexandria, beautifully situated on the shore close to the Sultan's Palace, but wherever the work is, so long as help can be rendered to our brave men it is happy and satisfying.

The Sisters speak warmly of the kindness of Lady Carnarvon, who, it will be remembered, secured for them their standard fees, and say that she does everything possible for them. "We are always," says one, "hearing of kind things she has done."

We learn that quite a number of hospitals are included in that known as No. 2 General Hospital, Havre, of which the Matron is Miss Stein. The one at the docks is an interesting place, as both trains and boats bring the wounded right there. This hospital is in reality the railway station and the wards are very fine and large. The Casino, also now a hospital, is a huge place on the sea front, with a lovely view of the harbour. It has beautiful wards and balconies. Then there is an officers' hospital a short distance away, as well as the Palais Regattes for minor surgical cases. The Nursing staffs of these hospitals are drawn from the regular Military Nursing Service and its Reserve.



MISS PHEBE MAPLETOFT,  
REGISTERED NURSES' SOCIETY.

"I was very much surprised," says the writer of an article in a contemporary, "to find one hospital in Petrograd was given up to wounded women soldiers. These women, uniformed and wearing the shoulder badges of their regiments, are not in the fighting corps, but in the transport and commissariat services. In recent retreats, however, they, on more than one occasion, came under the

enemy's fire. The Russians have employed a number of women in the supplies service of the army. In Petrograd the wounded are everywhere. Under one curious regulation they are never allowed out in the streets singly but are accompanied by a nurse. The commonest sight of any in the capital was two or three wounded men hobbling along and the nurse holding up the traffic while they crossed the street, or helping them up some incline."

## FRENCH FLAG NURSING CORPS.

Mrs. Bedford Fenwick, Hon. Treasurer of the French Flag Nursing Corps, is now in France on business connected with the work of the French Flag Nursing Corps.

Mrs. Alfred Paine, Hon. Secretary of the Bedford Centre of the St. John Ambulance Association, has sent to 431, Oxford Street, London, W., for patients in hospitals where members of the French Flag Nursing Corps are working, a further parcel, containing 100 pairs of slippers, done up in bundles of 20; 50 bed bags, done up in bundles of 10 each; and packets of fly muslins, also with twenty in each packet. This generous consignment will be warmly appreciated.

### "NURSES ANGLAISES."

Members and friends of the French Flag Nursing Corps will read with pleasure the independent testimony to the value of their work which appeared in *The Times* of Monday, from a Paris correspondent of that paper, though unfortunately the name of the Corps to which the nurses belong was omitted.

"The French people speak well of the '*Nurses Anglaises*,' and in the hospitals behind the line where British or American nursing prevails the French soldiers consider themselves lucky. The comfort and cleanliness please them, and they grow accustomed to the hospital etiquette. But there are some British nurses of whom we have heard very little, although that little is of great account. They are the nurses on the front, the French front, who are working in French military hospitals under direct orders of the French military authorities and who are paid by the French Government.

"Very quietly an Englishwoman offered to organise a staff of British nurses for this purpose, and as quietly the French military authorities accepted, so that since last December 200 British nurses have been working hard all along the French line. They have been in bombardments, they have fought with disease, they have tactfully made their methods of nursing acceptable to the French doctors, they have shown the metal of which they are made by their resourcefulness in very difficult circumstances, and they have learned not only a good deal of French, but a great deal about the French character, and their knowledge has brought them much wisdom.

### HARDSHIPS AND DANGERS.

"They are paid at the rate of £40 a year, and they pay all incidental expenses themselves. If they fall ill they are sent home, and that is all that is done for them. They rank as officers, and have their own mess and whatever privileges for personal comfort may be going. But comforts are rare in the danger zone of the armies, and the position of the British nurses has often been perilous. They work in bands of five or six, and

they have orderlies to help them and a certain number of French professional nurses. Their first heavy work was among the typhoid patients, and their value in such work may easily be imagined, particularly when we learn the dearth of modern conveniences in the hastily installed hospitals where they were called upon to do their best. One nurse writes:—"This is certainly a weird place at night. One hundred and fifty patients in this block, and only three orderlies and one of ourselves on duty. Several men are delirious, and it is a constant chasing from one ward to the other to stuff them into their little beds."

"Later on she describes one of the privileges the nurses enjoy by their rank as officers:—"The night nurse sits in the *médecin chef's* room, a rather ghastly room with two windows and no blinds, and people peering in all the time to see the 'freak' who sits at the desk in a nursing cap, a sports coat, and an awful pair of slippers, but so comfortable. I should certainly disgrace any hospital by my garb, but, as all windows are open and the floor is of stone, it is very cold about 2 a.m., especially to the feet."

"From another part of the line we get French tributes to British nurses, and hear of their splendid courage under bombardment. They carried their patients into the comparative safety of cellars, they stayed by those whom it was impossible to move, and in all cases they showed a calmness and cheerfulness which proved of immeasurable help to those in authority. A nurse who had been nursing typhoid for many weeks, and who was tired beyond description, tells how, one day, after some difficulty with an orderly who did not understand her very broken French, she sat down on the foot of a soldier's bed and said with a sob, 'I must go home. I can't stand it any longer. It's too awful.' At which the soldier just put his head down on his pillow and cried like a child. 'So of course,' said the nurse, 'I couldn't go. If they find us as useful as that, no sacrifice is too great to make for them.'

### DIFFICULTIES OF LANGUAGE.

"The difficulties of the language have caused many nurses to have experiences which are both comical and serious, as they make for misunderstanding. To translate from English into French is extraordinarily dangerous. 'Je veux,' says a nurse to an orderly, and he bristles with obstinacy; whereas if she only knew enough to use the verb in another tense the orderly would be as obedient as she could wish. The food is yet another drawback, for there is no human being alive who appears to attach more importance to an "English breakfast" than the hospital nurse.

"Great praise is given to the Scotch, the Canadian, and the provincial trained English nurses for their power to adapt themselves to anything and everything, and it seems as if resourcefulness were of greater value on the French front than perfect technique. It is, indeed, rather hopeless to be technically perfect in your

work if you have not the necessary tools, and how often do not the English nurses in the military hospitals find themselves forced to do medical nursing and surgical dressings with the minimum of hospital necessities.

"A thoroughly cordial relationship exists between the French doctors and English nurses now that the nurses have proved themselves efficient in their work, and the nurses say that the French surgeons have taught them a great deal. Between the nurses and the patients there is mutual respect and appreciation of each other's qualities. The soldier expresses his thanks in the graceful French habit of writing a letter of thanks when he leaves the hospital, and of continuing to send postcards to assure his nurse of his well-being for a long time after."

### CALLOUS CONCEIT.

In an interview with a representative of the *Daily Chronicle* a member of a V.A.D. unit expresses the opinion that many of the women trained in home nursing and first aid might be employed at nursing homes, and even go out on private cases.

"We are considered qualified enough, under proper supervision, to nurse wounded soldiers," she is alleged to have said; "but the number of women wanting to nurse soldiers is far greater than the sum total of the British Army. I don't see why this surplus skill should not be used at home. Only I fear that many women would not consider it sufficiently interesting to look after civilians."

### THE WOUNDED ALLIES' RELIEF COMMITTEE.

The Motor Ambulance work of the Wounded Allies Relief Committee (Sardinia House, Kingsway, W.C.) is little known, mainly because it has taken the form of supplying cars to other Societies. Last Autumn it despatched four cars to the Hector Munro Ambulance Corps, working for the Belgian Army, and in June it presented another to the Belgian Army Medical Corps. It has also sent cars to work in connection with its hospitals in France. To Serbia it has given one motor ambulance and four light touring cars which have proved most useful.

The Committee has good reason to be grateful to Mrs. Page Croft, Bertram Smith, Esq., Edwin Unwin, Esq., Frederick E. Wood, Esq., and the Women's Emergency Service Corps for giving complete ambulances fully equipped for service, while the personal services of many voluntary drivers, as well as a number of special subscriptions, have enabled the Committee to purchase and operate a fine fleet of cars.

A somewhat kindred work is the supply to the Belgian Army of caravans, equipped with hot baths, soup kitchens and disinfectors for clothes. These vehicles, which are able to go within half a mile of the firing line, provide the slightly wounded man with just what he wants for renewing energy and sustaining cleanliness, comfort and morale.

### JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in home hospitals:—

*Red Cross Hospital, W'antage.*—Mrs. Neal, Miss Mabel B. Stoker.

*Chuney Red Cross Hospital, Swanage.*—Miss E. D. Millington.

*Broadwater Hospital, Ipswich.*—Miss Alexander, Miss May Olhn.

*The Hospital, Louth, Lincs.*—Miss E. Hurlbatt.

*Southwood Auxiliary Hospital, Eltham.*—Miss S. J. Munro, Miss L. Towler, Miss D. Findlay.

*Heywood Military Hospital, Cobham, Surrey.*—Miss M. E. Scott, Miss F. M. Ellworthy, Miss Zillah Keeler.

*St. Matthew's Hall, Willesden.*—Miss L. E. Hopcroft.

*T.A.D. Hospital, The Warren, Leamington.*—Miss E. M. F. Francis.

*V.A.D. Hospital, Langston Towers, Havant.*—Miss F. J. Dunne.

*V.A.D. Hospital, Buston, Notts.*—Mrs. F. D. Baker.

*W'indlesham Moor Military Hospital, W'indlesham.*—Miss E. M. Towell.

*The Farm Home, Holkham, Norfolk.*—Miss E. M. Swinton.

*The Convent, Rye, Sussex.*—Miss M. Maugham.

*Myrtle Auxiliary Hospital, Liverpool.*—Miss Matilda C. Dearnmond.

*West Dene Hospital, St. Leonards-on-Sea.*—Mrs. M. L. Danby-Smith.

*10, Carlton House Terrace, S.W.*—Miss M. F. M. Waugh.

*Guisnes Court, Tolleshunt D'Arcy, Essex.*—Miss B. M. Norton.

*Gifford House, Rochampton.*—Mrs. Rusk.

*Red Cross Hospital, Downham, Norfolk.*—Miss Rosa Mahoney.

*Yarrow Military Hospital, Broadstairs.*—Miss E. F. Moxon.

*Kingston Road, Red Cross Hospital, New Malden.*—Miss C. M. Gooding.

*Baglan Hall, Breton Ferry, S. Wales.*—Miss E. J. Whiteside.

*Kingsclere House, Newbury, Berks.*—Miss E. J. Jenkins.

It seems likely that at long last the Brigade Hospital will soon be in working order in France. The Matron, Miss Constance Todd, and the Assistant Matron, Miss Chittock, with a few of the Sisters, are already there and we may soon hope to hear that the hospital is ready for the reception of patients.

Amongst those on board the transport *Royal Edward* sunk by an enemy submarine in the Aegan Sea were details of the Royal Army Medical Corps. The list of those who have been lost is not published as we go to press, but we do homage to the members of the R.A.M.C. who have died in the service of their country as surely as those killed in battle.

## CARE OF THE WOUNDED.

The King and Queen have given much pleasure by their visits to the sick and wounded soldiers of the New Zealand Contingent at Mount Felix, Walton-on-Thames, of the Australian Contingent at the 1st Australian Auxiliary Hospital, Harefield Park, near Uxbridge, and to the sick and wounded Officers at the Convalescent Hospital for Officers at Polesden-Lacey, near Dorking.

As we reported last week the Mile End Infirmary and Workhouse have been taken over for use as a military hospital. Our illustration shows some of the Grannies in the institution making pillow slips for the wards. The services of a certain number of the inmates will be utilized, and they will

British Red Cross Society, and Order of St. John of Jerusalem are supplying a complete section of ambulances, which will be in charge of Mr. George Trevelyan, and will be inspected by the Italian Ambassador in London before leaving for Italy.

The Fund for providing comforts for the Railway Engineering Section serving with the Army in France should receive a substantial addition from the sixpences paid by those anxious to see the ambulance train built by the Great Eastern Railway Company for the use of the Army in France which has been on view at Liverpool Street Station.

Mr. Ian Malcolm, M.P., who has just returned from Switzerland, writes to the press from the



GRANNIES AT THE MILE END WORKHOUSE MAKING PILLOW CASES FOR THE INFIRMARY.  
TAKEN OVER BY THE MILITARY AUTHORITIES.

be maintained by the military authorities and given 2s. 6d. a week pocket money. To take their share in the work of the world once again must be happiness to these old ladies, with whom fate has dealt hardly.

Beginning on Monday those interested in the National Egg Collection for the Wounded are endeavouring to collect a million eggs within the week. The scheme has the support of Queen Alexandra as Patron, and all eggs collected are distributed under the direction of the War Office. The Central Dépôt for the reception of eggs is in Trevor Square, S.W.

The Italian Military authorities have accepted the offer of a clearing station and a convoy of ambulances made by various sympathisers. The

Headquarters of the British Red Cross Society at 83, Pall Mall, S.W., to say, with the sanction of the Society, that there is no doubt whatever that most of the bread sent from this country to our prisoners through Holland arrives in an uneatable condition. He advises, therefore, that no more bread should be sent direct from England to Germany; but that, instead, money should be sent to Mrs. Grant Duff (wife of His Britannic Majesty's Minister at Berne, and representative in Switzerland of the British Red Cross Society) wherewith to buy flour wholesale at Marseilles, bake it in Berne, and despatch it to our compatriots interned in Germany. With cheques at the rate of 4s. 6d. for four weeks' bread for one man, the names and full addresses of those to whom parcels are to be dispatched should be sent to Mrs. Grant Duff.



## THE INTERNATIONAL RED CROSS SOCIETY.

Dr. Charles Krafft, of Lausanne, in a pamphlet recently published, claims that the International Red Cross Society alone should be responsible for the organization of hospital staffs other than those attached to military hospitals in time of war. He argues that while to call the Red Cross Society, as conceived by its founder (Dunant Moquier) an International Association would be superfluous, yet there does not in reality exist an International Society of the Red Cross. There are separate organizations in the several countries, but there is no bond of union between them except the Congress which takes place every five years, although each one recognises the existence of the others. This, Dr. Krafft thinks, is a very serious mistake, by which much unnecessary suffering has been caused during the past year. He writes:—

The so-called International Red Cross Society, having its headquarters at Geneva, held its first Congress at Karlsruhe in 1887 under the able presidency of Mr. Gustave Ador. Since the Congress at Washington in 1912, the Society has been prominent in assisting prisoners of war, whose cause it has adopted with much zeal and assiduity. This, however, is not the chief object it was designed to protect. It is actually on the field of battle—"at the Front"—that an International Society should make its influence felt. Hitherto the belligerents have not sanctioned any interference along these lines.

If the Geneva Convention were the legally accredited agent of an International Red Cross Society, instead of being merely a voluntary elective body, its authority would be increased a hundredfold. Indeed, there would be practically no limit to the influence its members, convened in time of war, would be able to exert.

Army hospital orderlies and male nurses are directly controlled by the Army, of which they form a part, and have no need to be controlled by the Red Cross. [In Great Britain the Regular Nursing Services are also controlled by the War Office.—Ed.] This is not the case, however, with the female nurses whose services are requisitioned in war time. Their professional qualifications are undefined, no uniform standard of proficiency is exacted either nationally or internationally. The result of this has plainly been seen during the present War, the wounded having been much less well tended than they should have been, as witnessed by the immense and unforeseen number of avoidably septic cases.

When we consider the question of the Red Cross brassard, obviously if it is to be recognised and respected by all the belligerents, it should embody an *Inter-national* symbol, it should be awarded *inter-nationally*, be subjected to definite *inter-national* laws and be officially recognised by all nations. This is not the case at present.

Take Germany, for instance, where there are two separate organizations of women nurses—

the "Bund" (League) under the competent direction of Sister Agnes Karll, in Berlin, and the "German Red Cross." These two Societies are not affiliated, either officially, compulsorily, or by reason of any hierarchical distinction among their members. Theoretically the League (composed of fully-trained nurses) is not officially recognised, and is subordinate to the Red Cross Society, which also has its headquarters in Berlin, and is recognised by the military authorities. The proof of this is that in March last in reply to a letter addressed by me to Sister Agnes Karll she referred me to the Central Committee of the Red Cross in Berlin.

The relations between the two parallel organizations in Vienna may be termed rather strained than otherwise.

The French War Office—but only in March, 1915—issued regulations regarding the uniform to be worn by accredited female nurses, who *must* be members of one of the three branches of the Red Cross Society in France; and pronounced the illegitimate use of this uniform liable to a severe penalty.

Similar measures with regard to nurses' uniforms may have been taken in other countries, but even were this so, no facilities have been afforded thereby to neutral non-combatants desirous of offering their services to the sick and wounded.

This, after all, is the point to be aimed at.

If respect for the Red Cross badge is to be enforced, the belligerents have the right to demand protection against its misuse; and the only way to ensure that is by restricting the liberty—we might almost say the licence—to allot badges (brassards) to an *international* council, which alone should have the right to determine the conditions of allotment.

In the Territorial Hospitals the same state of chaos exists as in the Red Cross societies. The nurses employed in those hospitals are either professional nurses or amateurs. The professional nurse ought to take precedence over the untrained person. . . . Amateur nurses should have a distinctive appellation, and, by international agreement, their activities should be confined to certain departments. They should rank second to the trained nurses who have grasped the technique of their work, and be prepared—in taking a back seat—to prove their devotion to the cause.

Both trained and untrained nurses should wear the brassard—that of the trained nurse to be distinguished by an additional row of red braid.

The privilege of being a member of a Red Cross Society should not be accorded, as it is now-a-days, to all and sundry who have followed a short course of lectures on amateur nursing. Only those should be entitled to become members, be they women of independent means or women who must work for their living, who have satisfied an *inter-national* council that they are qualified to nurse the wounded in accordance with the regulations and conditions specified by that council.

The question of the payment of salaries and expenses to professional nurses is one of great moment; for, unless this point is settled, there is the danger of untrained women of rank and fortune stepping into the places which the professionally trained nurses alone should occupy.

The Society of the Red Cross is better organized in some countries than in others. This would seem to furnish an additional argument in favour of an International Society which could formulate uniformly good rules, the urgent need of which this war has amply demonstrated. The question of nurses' salaries would then be brought to a satisfactory and uniform solution.

The invasion of the nursing ranks by ladies who have taken short courses of lectures on nursing and who are in a position not only to forego remuneration, but, in many instances, to spend large sums on the wounded and suffering, has been an injustice to professional nurses. The services those ladies were willing to render should have been confined to special domains. They are out of place in surgical theatres and wards.

It is suggested that all Societies having the same charitable object at heart as the Red Cross Society should be approached with a view to federation, among themselves and in their own country, and to the election of representatives to be sent by them to form an International Council, meeting in one of the neutral countries.

It is true that every five years an international meeting of the Red Cross brings together representatives of the different *Governments*, but in addition to these officials there should be delegates from the Societies themselves. Here is an outline of the work which might be undertaken by such a Council:—

1. To specify the conditions under which civilian surgeons are to be permitted to work at the front and in military hospitals.
2. The same as applying to nurses.
3. To consider offers of help from civilian doctors and nurses.
4. To assign to all such their posts wherever help is most needed.
5. To define the difference of rank between the trained professional nurse and the untrained voluntary helper.
6. To censor and forward the correspondence of doctors and nurses belonging to neutral countries.
7. To distribute brassards to those not already provided with them by their own country.

Dr. Krafft has evidently had experience of conditions similar to those with which we are familiar in this country.

#### NATIONAL UNION OF TRAINED NURSES.

The National Union of Trained Nurses have now moved to roomier quarters, at 46, Marsham Street, Westminster, London, S.W. Marsham Street is a continuation of Great Smith Street, and the new office is only three minutes' walk from the old.

#### THE PASSING BELL.

It is with great sorrow that we record the tragic end of Miss Catherine McAllister, Assistant Matron at the Kingston Hill Infirmary, Kingston-on-Thames, who was mortally injured in the Irish mail disaster near Northampton on Saturday morning last.

Miss McAllister was trained at Whiston Infirmary, Prescott, from 1900–1901, and subsequently held the positions of Ward Sister at the South Shields Infirmary, Ward Sister and afterwards Second Assistant Matron at the Bermondsey Infirmary, and lastly First Assistant Matron at the Kingston Hill Infirmary, to which post she was appointed in 1911. She was also a member of the Kingston Infirmary Nurses' League, and of the Society for the State Registration of Trained Nurses.

The Matron of the Infirmary, Miss Annie Smith, writes that Miss McAllister has always carried out the duties of her office conscientiously and well,



MISS CATHERINE McALLISTER.

and many of the probationers owe much to her careful teaching. By her kind gentle manner she endeared herself to everyone, and her loss is most keenly felt.

Miss McAllister was travelling to Ireland for her annual holiday, and left the Kingston Infirmary early on Saturday morning in the best of spirits. She travelled alone, and expected to reach her destination at ten o'clock at night. Contrary to her usual custom she arranged to cross by day instead of night, as she thought it would be safer.

Unfortunately she was in one of the front carriages of the ill-fated train, which was completely wrecked, and received such serious injuries that she died about three hours later in the Northampton General Hospital, to which she had been removed.

Sisters Prichard and Wood left the Kingston Infirmary on Monday for Northampton in order to pay a last tribute of love to their late colleague,

and to arrange the wreaths sent by the medical and nursing staffs, the domestic staff, and the wounded soldiers in the Infirmary. Miss McAllister will be buried near her home at Ballymadarphy, Co. Down.

It is intended to place a brass tablet to her memory in St. Agatha's Church, Kingston-on-Thames, at which she was a regular attendant.

We offer our deepest sympathy to Miss McAllister's relatives, and to the Matron and nursing staff of the Kingston Infirmary in their grievous loss.

## APPOINTMENTS.

### MATRON.

**Stephen Cottage Hospital, Dufftown, N.B.**—Miss Mary Wright has been appointed Matron. She was trained at the Barnsley Infirmary, and is at present working under the Yorkshire County Council in connection with the West Riding scheme for combating tuberculosis.

### NIGHT SUPERINTENDENT.

**Ecclesall Bierlow Union.**—Miss Jane Widdowson has been appointed Night Superintendent. She was trained at the Bagthorpe Infirmary, Nottingham, where for the last year she has held the position of Sister.

**The Isolation Hospital and Sanatorium, Nottingham.**—Miss Margaret Cocking has been appointed Night Sister. She was trained at Bagthorpe Union Infirmary, Nottingham; and at the Hospital, Barnsley; and has been Ward Sister and Night Superintendent at the City Hospital, Park Hill, Liverpool.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss Ann Lee resigns her appointment (August 13th).

### QUEEN VICTORIA'S JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Miss Margaret A. Hamilton is appointed to Cannock Chase; Miss Martha McKee, to Birmingham (Moseley Road); Miss Agnes J. Shepherd, to Hazel Grove.

### TERRITORIAL FORCE NURSING SERVICE.

Miss Edith Mary Harris to be Matron, 1st Southern Gen. Hosp. (Aug. 4th).

## RESIGNATIONS.

Miss Fox, Matron of the Prince of Wales' Hospital, Tottenham, has resigned the appointment, and is succeeded by Miss Bickerton, who has held the position of Theatre Sister in the same institution.

Miss E. J. Hurlston, Sister-in-Charge of the Royal Hospital for Sick Children, Muirfield House, Gullane, has resigned the appointment. Miss Hurlston has devotedly served the institution, and its little inmates during her tenure of office and will be greatly missed.

## NURSING ECHOES.

The Insurance Act Committee of the British Medical Association, which at its meeting on August 5th discussed the question of nurses acting as sick visitors, decided to communicate with the Queen Victoria Jubilee Institute for Nurses, to suggest that it should use its influence to persuade other nursing associations to adopt the view already approved by it, that the functions of nurses and sick visitors are essentially different, and cannot be properly combined in one individual.

The Executive Council of the National Asylum Workers' Union have issued a manifesto in regard to the employment of female nurses in male asylum wards, in which they state they view with serious concern the adoption by many asylum authorities, with the approval of the Board of Control, of a policy which has for its object the partial substitution of female nurses for male attendants, in the care and charge of insane male patients in public asylums, and record their unanimous condemnation of a practice which will, they are convinced, if persisted in, prove physically and morally detrimental to the nurses and injurious to the patients, besides impairing the efficiency of internal asylum administration, and possibly prejudice the position of their male members now serving with the Colours. They firmly believe that the work is of a nature entirely unsuited for women to perform, involving degrading duties repellant to all the finer instincts of chaste womanhood, and they give warning that the substitution of the less effective control of female nurses over male patients for the essentially firm supervision of male attendants is likely to give rise to an insubordinate and mutinous spirit amongst the least tractable inmates that may gravely endanger the safety of both patients and staff.

The Executive Council state that with the object of combating a pernicious and dangerous innovation, they are prepared to accord the fullest support to any protest made by female members of their Union.

All this sounds very alarming, but if we turn to the experiences of the asylums in Scotland, where women nurses are largely employed in the male wards, we find that the things feared by the National Asylum Workers' Union do not take place.

Nurse Fletcher, who had charge of the hospital connected with the Ilkley Grammar

School, and had been missing since Saturday, July 31st, was found by a shepherd, on Tuesday afternoon last week, on an isolated part of Ilkley Moor. She was in a very exhausted condition and very ill, and was taken to the Ilkley Coronation Hospital. She was sufficiently conscious to make people understand that she had been for a considerable time without food and had been drinking rain water, and it was evident that she had been on the moor for some days. Miss Fletcher was leaving Ilkley, and when the school closed for the holidays she was expected to be going to friends at Dewsbury. When she was missed on July 31st her boxes were found to be packed and labelled, and her purse was lying on a table.

### THE SWEDISH PHYSICAL TRAINING COLLEGE.

Some eighteen months ago, Madame Bergman Osterberg, the principal and founder of the well-known Swedish Physical Training College at Dartford, desired to relinquish the active direction of the work of her college. In so doing, she wished in the national interest to secure the continuation of the work which had been so successfully established and developed. With this purpose in view she generously offered, with the full approval and sympathy of her husband, Dr. Edwin Osterberg, of Stockholm, to transfer her college to the Government. For reasons in no way connected with the college, it was found impracticable to accept the offer, and Madame Osterberg was advised to create a trust. Almost her last act before her death was to sign the trust deed, vesting her property in a trust with the object of carrying on the college in the national interest on its existing lines, and maintaining the traditions already established. The trustees appointed are:—Dr. Christopher Addison, M.P., Mr. Waldorf Astor, M.P., Sir George Newman, M.D., the Marchioness of Salisbury, and the Right Hon. Lord Shaw of Dunfermline. While the ultimate control of the institution rests with the trustees, the general management and working of the institution will be placed in the hands of an executive committee of ten persons representative of various official and other bodies concerned with the physical education of women.

The next course of instruction in electrical treatment at the Hospital for Epilepsy and Paralysis, Maida Vale, commences on September 3rd, and the application for admission should be addressed to the Secretary.

## OUR FOREIGN LETTER.

### LETTER VI.—ECHOES OF THE SAN FRANCISCO CONFERENCE.

DEAR MADAM,—In the midst of so much that was interesting, it is not easy to specify definitely what were the *chief* features of interest of each day. I can at least say that *one* of the chief features of Tuesday, June 22nd, was the joint meeting of the three Organizations in the Festival Hall, Exposition Grounds, at 8 p.m. It is one of the many fine buildings of the Exposition, and it was filled with an appreciative audience, mostly nurses; Miss Noyes, President of the National League of Nursing Education, presided. The programme was charmingly varied by intervals of instrumental music, commencing with an organ solo by Dr. Maurice O'Connell. Mr. Brown, a member of the Board of Directors of the Panama-Pacific International Exposition, presented to the American Nurses' Association, on behalf of his Board, a handsome bronze medal, to commemorate the Convention coinciding with the Exposition. The presentation was made to Miss Goodrich, who replied on behalf of the Association. After thanking the donor for the high honour conferred, she briefly epitomized the aims and objects of the three nursing organizations, and again expressed her regret that the tragedy of war was keeping many of the foreign delegates away. She emphasized the importance of public health nursing; she reminded her audience that a great social effort is being made to prevent sickness, and to improve and preserve the health of the people; and her concluding remark was what one might expect from a Professor of Nursing—"Our effort is to *prepare the woman* for her great and responsible work." Dr. Edwin Snyder, Commissioner of Vocational and Industrial Education, California, gave an address upon the "Vocational Trend of Education." On the following day, a very interesting event took place. After the morning sessions and a hurried lunch, we all went by steamer to the mainland, and then by a short railway journey to Berkeley—where is situated, in a beautiful wooded environment, the University of California. By the courtesy of the President, we were allowed to hold a joint meeting in the magnificent Greek theatre there. This was a great and peculiar honour, because it was the first time that women had spoken there! A generous programme of music was again provided for us. The "Knickerbocker Male Quartet" sang delightfully, to the accompaniment of the sweet notes of the oriole and linnet in the trees close by. This meeting was to have been—but for the sad circumstance of War—a truly international one, and one of great significance. It was intended, as many of our readers know, to have been the occasion of making an offering of money from nurses all over the world, to found a Florence Nightingale Chair of Nursing. Miss Goodrich, President of the International Council of Nurses, who presided, of course referred to this fact. The



greeting you sent to Miss Goodrich was read officially at her request by Miss Hulme, at this meeting. Then followed an address by Mr. Chester H. Rowell, Commissioner Panama-Pacific International Exposition, who was also the Regent of the University of California. Then, Miss Sophia Palmer, R.N., Editor-in-Chief of the *American Journal of Nursing*, read her interesting paper on "The Power of the Professional Press." Going back to very early times, she traced, step by step, the history of writing and the written language, up to the present day—alluding especially to the medical and nursing press, and what they had achieved. Miss Goodrich was kind enough to allow me to say a few words, in spite of a full programme. Probably you will not have space for them, but I will give them in case you like to do so: "Having listened with great interest to Miss Palmer's paper, I should like, on behalf of my own country, to testify to the great educational value of the professional press. I have the honour to represent THE BRITISH JOURNAL OF NURSING, which is the official organ of the National Council of Trained Nurses of Great Britain and Ireland, and is also the organ of State Registration. I believe I am right in saying that it has the distinction of being the oldest professional nursing journal in my own and every other country. It was founded twenty-seven years ago, and has been our chief educator ever since. All the progress we have made, all the work we have achieved, is due to the educational work of our Journal. A nurse said to me yesterday, referring to the nursing press: "It keeps one up to the mark, it helps to keep the profession standardized." That is precisely what it does, and more—it vitalizes the profession. It also acts as a bond of union, drawing and keeping us together; it encourages loyalty and *esprit de corps*. Our professional journals have besides great ethical value. I am proud to think that our BRITISH JOURNAL OF NURSING is known in your country and others, and I am equally proud to think that your most admirable *American Journal of Nursing* and *The Pacific Coast Journal of Nursing* are known to and appreciated by us. Therefore our professional press is of great international value to us. It is not too much to say that internationalism among nurses would have been well nigh impossible without the medium of our press; we are, therefore, greatly indebted to those literary ladies who edit and conduct our journals." Dr. Henry B. Favill, of Chicago, in an admirable address, remarked that physicians should participate more actively in the education of student nurses.

BEATRICE KENT.

During the thunderstorm on Sunday afternoon the stone coping and chimney stack of the offices of the Royal National Pension Fund for Nurses were struck by lightning and crashed heavily into the street. Some of the masonry also fell through the roof of the adjoining premises.

## SCOTTISH SOCIETY OF TRAINED NURSES.

The Scottish Society of Trained Nurses is about to publish the "Nightingale" Prize Essay, "Modern Nursing," by Sister I. C. Cowie, Royal Alexandra Infirmary, Paisley. Profits on its sale will be given to Queen Alexandra's Field Force Fund, and the Scottish Women's Hospitals in France and Serbia. Copies—price 3d.—may be obtained from the Hon. Secretary Miss Stevenson, Bay View, Johnshaven, Kincardineshire.

Miss E. A. Stevenson, Hon. Secretary and Treasurer of the Scottish Society of Trained Nurses, has been elected a member of "La Société Astronomique de France." Miss Stevenson has for some time been a member of the British Astronomical Association.

## A BOGUS WAR NURSE.

At Surrey Quarter Sessions, on Tuesday, August 10th, Mariette Van Weyenberg, 22, a Belgian adventuress, posing as a nurse from the Front, pleaded guilty to stealing a £10 bank note at the house of Major Harry Gordon Watney, at Weybridge.

According to the evidence, she posed as a wounded nurse, and was invited to stay at Major Watney's house. On the day of her arrival, she made an excuse for getting away. After she had gone the £10 note was missing. She cashed it at a London hotel, in payment of an old bill.

Police-superintendent Mears said the prisoner came to England towards the end of 1914, and stayed at several hotels, afterwards returning to Belgium. On March 26th last, the French authorities at Havre issued a report concerning her. She arrived at Havre from Southampton, on February 1st last, and stayed at a hotel there, passing as a nurse attached to the Belgian Army, and claiming to have been in the sieges of Liège and Namur. She also said she had been decorated by the Belgian Government for her services in the field. While in France, she took every opportunity of associating with British officers, and made herself rather notorious. Inquiries showed that she was not a nurse, and was not entitled to the decoration which she wore. At Ostend the British Military Attaché had himself seen her turned away from a hospital to which she had represented she was attached.

On February 12th, the prisoner was sent by the French authorities to a concentration camp, from which she escaped. The report further stated that she was certainly an adventuress and an undrastic, and was probably dangerous from a national point of view. After escaping from the concentration camp, she came to England, and stayed at Portsmouth, Dover, Folkestone, and at various hotels in London.

Sentence of twelve months' second division imprisonment was passed.

## AN ILLUMINATING REPORT.

## ANNUAL REPORT ON THE PUBLIC HEALTH OF FINSBURY.

*(Concluded from page 141.)*

Continuing our review of the Report of Dr. A. E. Thomas, Medical Officer of Health for the Borough of Finsbury, the next subject dealt with is

## MATERNITY AND CHILD WELFARE.

Under this heading, Dr. Thomas writes of the money which has been voted by Parliament in aid of the expenditure of local authorities and voluntary agencies, in respect of institutions or other provision for maternity and child welfare, including the provision of consultation centres, concerning which he says, in conclusion:—

It is to be noted that the scheme is only concerned with nursing mothers, with expectant mothers, and with children under school age. The centre is meant to be a maternity centre and a child welfare centre, not a general sick dispensary for the treatment of all and sundry women and children.

The foregoing observations on the memorandum of the Local Government Board show what exceedingly important measures are brought within its scope, and indicate the completion of the public health chain and of the sanitary legislative advance foreshadowed by the Medical Inspection of School Children, the Public Health (Tuberculosis) Regulations, and the National Insurance Act. The health of the people is now an affair of State from before birth to old age.

## HEALTH VISITATION.

Next we have some account of the duties of Lady Health Visitors. Concerning these we read:

While the first visits are made in a general way all over the borough, revisits and supervision of a minute character are chiefly directed to the babies who are not thriving, babies who are debilitated, ill, neglected, dirty, badly fed or clad, 'wasters,' twins, and others who need careful watching and attention.

When the desirability of visiting a mother is a matter of doubt, a very good test is to ask her to show for inspection the soap with which she washes the baby. If the mother at once, and without any hesitation, produces soaps of various kinds and qualities—scented, household, and disinfectant soaps—then on this head alone, it may be decided that the mother is a clean, careful woman, who can very well do without the aid of the health visitor. If, however, the mother does not know where the baby's soap is, if the request leads to a domestic discussion as to who used the soap last, and a recriminatory dialogue as to where the last user placed it, such a household is at once considered to be one for visiting and for revisiting. In Finsbury, home visitation is considered to be by far the most important work of the Health Visitor.

## METHOD OF FEEDING.

Overfeeding is almost as common as underfeeding. Mothers who breast-feed their children, give them boiled bread or cow's milk as well, because the infant "does not seem to be satisfied," or because they think "he does not get enough at one whack." The results to the child are disastrous. His tiny stomach becomes overloaded and distended. He vomits and wastes.

The practice of drinking stout "to make milk" is very common. A mother stated that to give the baby sufficient nourishment she should have 2 pints of stout and 2 pints of ale a day. "Stout made the milk, and ale put it in the breast." When a mother really has insufficient breast milk, she endeavours to make up for the deficiency by giving the infant boiled bread or barley water, or both.

Barley water is possibly even more popular than boiled bread, and is much ordered by medical men, who probably have never seen the thick grumous mucilage, almost of the consistency of glue, which the mothers make with dirty hands in filthy utensils and which they call barley water. As made in Finsbury, barley water is probably responsible for many infant deaths every year. The mothers make it far too thick; they do not wash their hands before making it. It is made in a dirty glass, cup, or jug which may contain the dregs of a little stout, or may have been fouled by flies or animals. There are two other very important reasons for condemning the use of barley water. In recent years, barley has been "faced" with talc, stearite, or other noxious mineral matter, and, it is alleged, even with rancid oils. It is quite common also to find in barley, in rolled oats, and in porridge oats, even in some of the best brands, small black pellets which are the excremental droppings of mice. It is possible that the diarrhoea, which sometimes follows the taking of barley water by babies, may really be directly due to the fouling of their drink by this dried faecal matter. The use of barley water is very much discouraged in Finsbury.

## CARE AND CONDITION OF BABY.

When the mother goes out to work early in the morning the washing of the children is delegated to the eldest, who may be only 8 or 10 years old, or they are left unwashed until the mother returns at night. Some mothers admit that they do not wish to wash their babies, "because the baby flops about so," "its bones and joints ain't what you may call set"; others say they do not know how to wash the baby's body, and therefore only wash its face. Some again fear that if they wash the baby "the cold will strike inwardly and set up inflammation of its little insides."

## A SPECIAL LYING-IN ROOM.

Dr. Thomas emphasises a fact well known to all nurses and midwives that in mean streets the

difficulties which occur during the confinement are very distressing, especially when the family occupies only one, or at most two, rooms.

In such straits the father may go to sleep in a neighbour's tenement, while the children may be taken in by relatives or friends. Often the father may be found sleeping on the common stairs with his head between his hands.

Dr. Thomas urges that it would be a wise provision of the owners of large blocks of tenements if, in such buildings, they were to furnish and equip a special lying-in room for the use of their mothers—a room, cleanly kept and replete with modern conveniences for confinements, which poor mothers cannot afford.

#### HOME CIRCUMSTANCES.

We read that in squalid streets many of the tenements show evidence of poverty sometimes approaching to destitution. Arising out of this poverty is the practice of pawning, often through a professional pawnbroker. As the needs become more urgent, the articles are said to be pawned in the following order—the wedding ring, clock, husband's best suit of clothes (10s.), husband's shirt (1s. 6d.), children's boots, baby's long clothes (2s.), sheets, pillowcases, aprons, petticoats and chemises all in one parcel (3s.), children's frocks or dresses, mother's frocks or dresses, and lastly the wall pictures.

#### WEIGHING CENTRES.

Much useful work is carried on through the municipal weighing centres of which there are three in the borough. Amongst other things the Public Health Department supplies the following details at cost price to mothers, free of cost to poor mothers: Tubeless sanitary feeding-bottles, special rubber teats, weighted cloth covers for milk jugs, cot covers, bristle brushes, drop tubes, woollen vests, pneumonia jackets and "Finsbury Cream." Disinfectant soap is given on request. The bristle brushes are for cleaning out milk bottles. The drop tubes are for the treatment of eye affections in babies. The "Finsbury Cream" is a special form of fat food for wasting and delicate children.

The list of the lectures and practical demonstrations given to mothers in connection with these centres shows that they cover a most comprehensive range of subjects in relation to both mother and child.

#### PUERPERAL FEVER.

Concerning the eleven cases of this disease notified during 1914 in the Borough we read:—

The associated causes and conditions were said to be: prolonged labour (3), miscarriage or abortion (3), vaginal douche administered by an untrained nurse (2), unsatisfactory attention during child-birth by untrained nurses or neighbour nurses, 3 cases. In 4 out of 11 cases, the mothers were cared for during child-birth by slatternly neighbour nurses, dirty, untrained women who neither washed themselves properly nor the mothers, with nails long and dirt-stained; women who at one

and the same visit combined the operations of scrubbing the floor and giving vaginal douches to the mothers. None of them had nailbrushes, none washed the mothers' genitals before, during, or immediately after labour.

In two instances these neighbour nurses waited for an hour or more after the babies had been born before obtaining medical assistance. Meantime the children had not yet been separated from their mothers, who were passing motions into the bed fouling themselves and the infants. Nursing of this deplorable character by these wretched present-day representatives of Mother Gamp should almost be accounted for criminal negligence and treated as such in a Court of law.

#### INFECTIOUS DISEASES.

The work done in connection with tuberculosis and other infectious diseases is described in detail. Concerning measles, which is not a notifiable disease we read:—

The universal medicine is saffron: "a penny-worth every day for three days and a drink now and then to bring the rash all out." In addition to the saffron, the mother may give the patient brandy, whisky, liquorice powder, cod liver oil, flowers of sulphur, cooling powders, syrup of buckthorn, lemon juice, lung syrup, and "cough mixture from a general shop." One mother gave her child the water some eels had been in when she bought them "to ease the chest and make the phlegm slippery." The cooked eels were given to another child to prevent him catching measles.

#### WARE ICE CREAM.

In connection with a comprehensive report on the protection of the food supply Dr. Thomas states that: "The itinerant ice-cream vendors are probably the filthiest tradesmen in London. Their ice cream is, or may be, made in the gutter, and the stain of its place of origin adheres to it throughout its existence. The use of the small conical glasses which are monthed and sucked by children is most undesirable. For cleaning, they are dipped into dirty water which contains the mouth secretions of previous buyers, swabbed with a small wet offensive duster and up-ended on a soiled barrow-top. One itinerant attempted to improve upon this method by immersing his right thumb into the same nauseous water and rubbing it vigorously on the inside of the glass: he used no duster. Another was giving the final polish to his glasses by rubbing them inside and outside with his handkerchief into which he blew his nose. Still another cleaned out the form in which he made ice-cream sandwiches by licking it with his tongue."

The whole report, from which we have quoted extensively, is of the highest importance and interest, and should be widely circulated, and studied by all interested in national health problems. It deals with these questions in a most illuminating way, and should help to raise the standard of national health by the effective way in which it draws attention to them.

## NATIONAL UNION OF WOMEN WORKERS AND NURSING.

The Annual Conference and National Council Meetings of the N.U.W.W. will be held in the Central Hall, Westminster, on October 5th to 7th, and "Woman's Share in the Work of Reconstruction After the War" will be the chief subject for consideration.

The Council Meetings promise to be of unusual interest to trained nurses, as several of the Resolutions down for discussion intimately concern their work.

### A POOR LAW NURSING SERVICE.

Miss Gibson, on behalf of the Workhouse Nursing Association, will propose, and Miss Amy Hughes will second the following resolution:—

"That in view of the understaffing of the sick wards of certain Workhouse Infirmaries and Workhouses, and the consequent unsatisfactory conditions obtaining in many Poor Law Institutions in regard to nursing the sick, this Council urges the Local Government Board to take steps so soon as the national crisis permits, to establish a Nursing Service under the control of the department; by which means not only would the supply of nurses be efficiently regulated, but a status given to Poor Law Nursing.

"It is further strongly urged that as a preliminary measure an Advisory Committee of experts be appointed by the Local Government Board to formulate a scheme."

It is supported by the Bristol, Bromley, Glasgow, Portsmouth, and St. Andrews Branches, and by the Queen Victoria's Jubilee Institute for Nurses, the Matrons' Council of Great Britain and Ireland, the National Council of Trained Nurses, the Society for the State Registration of Trained Nurses, the Women's Industrial Council, and the Women's Local Government Society.

### STATE REGISTRATION OF NURSES.

Mrs. Bedford Fenwick will propose on behalf of the Legislation Sectional Committee of the N.U.W.W., and Mrs. George Cadbury will second the following resolution:—

"That the National Council of Women of Great Britain and Ireland re-affirms its resolution of 14th October, 1908, 'that it is desirable, both in the interests of the professional status of Trained Nurses and of the public who use their services, that provision should be made for their Registration by the State; such registration to be under the supervision of a Central Board upon which nurses shall have direct and adequate representation.'

"Further, that in view of the majority in favour of the Nurses Registration Bill on its first reading in 1914, the Prime Minister be respectfully urged to grant facilities for a similar Bill next year."

This resolution has received wide and influential support from the Branches at Bradford, Bromley, Cambridge, Croydon, Dundee, East Dorset, Exeter, Glasgow, Hull, Leeds, Leicester, Manchester, Oldham, St. Andrews, Scarborough, Sheffield, South Durham and Cleveland, Sunderland, Tunbridge Wells, and is also supported by the Matrons' Council of Great Britain and Ireland, Scottish Matrons' Association, National Council of Trained Nurses of Great Britain and Ireland, Society for the State Registration of Nurses, Irish Nurses' Association, the Women's Industrial Council, the Church Army (Women's Social Work Department), Salvation Army (Women's Social Work Department), and National Council of Evangelical Free Churches Women's Auxiliary.

The Scottish Matrons' Association and Irish Nurses' Association support a resolution to control the Liquor Traffic.

The Irish Nurses' Association also supports the demand of equal pay for women employed to take the place of men.

Miss E. S. Haldane will propose a resolution urging local authorities to place suitable women on the Boards of Management of all hospitals, sanatoria, asylums, dispensaries, and nursing institutions, and asks the Executive of the Union to consider the best means for procuring the recognition of this principle by voluntary hospitals.

### WOMEN IN KHAKI.

While thousands of Canadian women have crossed the Atlantic to be nearer their soldier husbands, thousands more have joined women regiments that have been formed in different parts of the Dominion. The members of these regiments are dressed in smart khaki uniforms. They drill and train daily, and are under strict military discipline. The movement has been set on foot by the Hon. Ella Scarlett-Syngé, M.D., who for the past few years has been practising medicine in Vancouver. Dr. Scarlett-Syngé is the daughter of the late Lord Abinger. The object of the corps is that, in the event of trouble, the women should be able to relieve the men in such work as signalling, despatch riding, telegraphing, motor-car driving, and camp cooking. Many of the women who have joined the different corps are already crack shots and good horse-women.

### VERSE.

Stars are of mighty use: The night  
Is dark, and long;  
The Rode foul, and where one goes right,  
Six may go wrong.  
One twinkling ray  
Shot o'r some cloud,  
May clear much way  
And guide a croud.

Henry Vaughan.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## THE FLY PERIL.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—At the present time the "Fly Peril," both at home and abroad, seems one of the gravest dangers with which we are confronted, yet no special skill is needed, at home at any rate, to deal with it. Attention to detail, regularity, the careful following out of instructions alone are necessary as well, of course, as a realization of the peril, and a belief in the value of the means taken to combat it. These are the factors which arouse enthusiasm and therefore command success.

Abroad the problem is not so simple. I wonder if you have read this extract from a man at the front to his mother, published in the *Times* :—

"Soon life will be quite unbearable and there will be any amount of disease spread by the flies. The authorities are awfully slack about it. They ought to have creosote or something thrown over all manure heaps and such like, and they simply don't give any orders, with the result that the air is thick with them. I was in a field ambulance near Ypres the other day. It was a hot day and the place was alive with flies, which crawled over the poor wounded men, who were too bad to push them off. One man had a lot of blood, more or less dry, on his face, and it was a sparkling mass of flies, and it will be a wonder if he doesn't die of blood-poisoning. The R.A.M.C. people don't know what to do and can't cope with the huge numbers."

Comment is superfluous. Why don't some energetic V.A.D.'s form a brigade to declare war on flies? Along this way useful service lies.

Yours &c.,

COMMON SENSE.

## THE DANGERS OF FIRE.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I am very glad that you have drawn attention to the dangers of fire at the present time in adapted buildings now being used as hospitals, as I think they are very apt to be overlooked. I wonder how many of the workers in the smaller voluntary military hospitals have had any instruction in what to do in the event of an outbreak of fire, and in how many are fire-hose or buckets of sand in readiness. Does the war probationer ever give a thought to the wooden staircase, or to what she would do in the ward in the absence of the staff nurse, if anything or anybody caught fire?

When I held a Matron's post I made a point of emphasising the dangers of fire to probationers in the course of lectures which I gave them, but I do

not think this is usual, though to my mind it is most important; forewarned is forearmed, and such emergencies are best met by considering them beforehand, not on the spur of the moment, when an inexpedient method may be adopted. Of course, in a hospital of considerable size there is usually a fire drill at intervals, but the instructor from the fire brigade usually confines his teaching to fires connected with the building, and thus with the running out and use of the fire-hose, and the method of descending from upper floors in the escape. Outbreaks of fire in the wards such as you describe from the overturning of a steam kettle—in which, by the way, the patient may be scalded by the steam, as well as the bed set on fire by the burning oil—do not come within his purview. They do come within that of the Matron, and she cannot be too insistent on the need of the constant alertness and carefulness by which such accidents are avoided. It should be impressed upon probationers that competence is proved more by their avoidance than by meeting them when they arise, though this, of course, is necessary as a second line of defence.

In regard to Christmas decorations, I once went into a hospital ward where a delicate little baby, the pet of the ward, was struggling back to life. He lay smiling serenely in a cot of which the quilt was formed of cotton wool, and the curtains covered with the same hospital property, fluffed out, and so exceptionally inflammable, and decorated with tinsel leaves. A more dangerous death-trap could scarcely be devised.

Yours faithfully,

A RETIRED MATRON.

## THE SPIRIT OF RESPONSIBILITY.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—In answer to your correspondent's question, "Is the spirit of responsibility deteriorating in the trained nurse of to-day, and if so, why?" I do not think it is, and it is for this very reason that nurses take an intelligent interest in their conditions of work and surroundings to which your correspondent takes exception.

The doctrine of non-responsibility may be carried too far. Supposing, for instance, it is within the knowledge of a nurse that her superior officer drinks, or takes drugs. Is she to keep silence and say "it is not for me to criticise, it is her responsibility, not mine"? Has she no responsibility to the patients, or even to her untrustworthy superior? I suppose some people must think so, but in my view silence in such a case would be criminal.

Yours faithfully,

CONSCIENCE.

## OUR PRIZE COMPETITIONS.

*August 28th.*—Describe the most practical and aseptic indoor uniform for War nursing.

*September 4th.*—How would you combat the danger of fly infection, (1) in relation to milk, (2) in relation to the spread of disease?

# The Midwife.

## THE NOTIFICATION OF BIRTHS (EXTENSION) ACT.

By the Notification of Birth (Extension) Act, which became law on July 29th, the principal Act is extended to Areas in which it has not been adopted, and further provision is made in connection therewith for the care of mothers and young children, and it is the duty of the local authority to bring the provisions of the principal Act to the attention of all medical practitioners and midwives practising in the area.

Section 2 of the Extension Act is as follows:—

### ARRANGEMENTS FOR ATTENDING TO MOTHERS AND YOUNG CHILDREN.

(1) Any local authority within the meaning of the principal Act (whether a sanitary authority or not) may, for the purpose of the care of expectant mothers, nursing mothers, and young children, exercise any powers which a sanitary authority has under the Public Health Acts, 1875 to 1907, or the Public Health (London) Act, 1891, as the case requires.

(2) Any expenses incurred in the exercise of these powers, shall be defrayed in the same manner as expenses of the local authority are defrayed under the principal Act.

Any such powers may be exercised in such manner as the authority direct by a committee or committees, which shall include women and may comprise, if it is thought fit, persons who are not members of the authority. Any such committee may be empowered by the authority by which it is appointed to incur expenses up to a limit for the time being fixed by the authority, and, if so empowered, shall report any expenditure by them to the authority in such manner and at such times as the authority may direct. A committee appointed for the purposes of this section shall hold office for such period not exceeding three years as the authority by which it is appointed may determine.

The Act, with certain exceptions, applies to Scotland and Ireland.

The fact that the provisions of the Notification of Births Act are now compulsory instead of permissive should aid in bringing the less progressive local authorities into line with those who are already enforcing its provisions. Midwives and nurses should make a point of acquainting themselves with the provisions.

The Act may be obtained through any bookseller or from Wyman & Sons, Ltd., 28, Abingdon Street, S.W., and midwives can do much to make its provisions known to, and understood by, those amongst whom they work. Where the Act has already been enforced it has been found to have a marked effect for good, and there is every reason to welcome its extension.

## DEMAND FOR A MIDWIVES BILL FOR SCOTLAND.

A movement, which is receiving influential backing, is being made in Edinburgh (says the *British Medical Journal*) to memorialise the Secretary of State for Scotland (the Right Hon. T. McKinnon Wood) for the introduction, as a Government measure, of a Midwives Bill for Scotland. But for the war and a small amount of opposition the private bills of 1914 would doubtless by this time have been an Act in full operation, for all the questions of any real difficulty had been overcome both in the House of Lords and in the Commons. The reasons which call for this piece of legislation, even in war time have already been stated at the various conferences which have recently been held in Scotland in connection with the Maternity Hospitals and the Approved Societies under the Insurance Act; but another reason has come to the front during the past few months to reinforce those which have been named. Scotland has sent her full share of medical men into active military service, and when they have been drawn from country districts the pressure of work upon those left behind has been increased to a degree which is likely in the winter to threaten a complete breakdown; if, however, the remaining practitioners can be helped in their midwifery work by the employment of trained maternity nurses, certified as midwives and on the Roll of a Midwives Act for Scotland, not a little of the congestion in country places may be relieved. These nurses will, it is true, be in large measure the same persons as the ones now practising in Scotland or being trained in her institutions; but, through the passing of such a bill as has been indicated, they will be no longer acting without control and supervision. As an instance of the pressing necessity for some such legislation may be named the application received a week or two ago by the Edinburgh Royal Maternity Hospital to supply a trained midwifery nurse for one of the Shetland Islands, in which several confinements were pending and in which no medical practitioner was available. We understand that the memorial to Mr. McKinnon Wood has the support of the Presidents of the Royal Colleges of Physicians and Surgeons of Edinburgh, of Sir Halliday Croom, Dr. Haig Ferguson, and others.

It is an anomaly that registration of midwives should be enforced in England and Wales and not in Scotland and Ireland, as midwives practising in various parts of the United Kingdom frequently move from one to the other. One inconvenience resulting from this partial legislation is that, as the Central Midwives Board has no jurisdiction in Scotland and Ireland, it cannot hold examinations in those countries.

### PRENATAL CARE.

Prenatal care as a systematized means of reducing infant mortality and of improving the health of the mothers is (says *The Canadian Nurse*) a new idea, but is one that is claiming, and rightly, a great deal of attention at the present time.

In its broadest sense, "prenatal care is," to quote Dr. A. B. Emmons, of Boston, "preventive medicine as supplied to obstetrics, *i.e.*, the utilisation of every known means to keep the prospective mother well and strong, to foresee and forestall dangers, to intelligently provide for confinement. This may be merely proper care in the home at a minimum expense for the normal case or the best skill available in a hospital for averting tragedy. Preventive obstetrics thus includes a wide knowledge of the anatomy, physiology, psychology, and sociology of the patient."

Prenatal care implies the supervision of an obstetrician, either in connection or not with a dispensary, with whom is working a well-trained nurse, with special training in district, prenatal, and social service work. As early in pregnancy as possible the patient should have a thorough examination by the physician, when he obtains her history, the history of previous pregnancies, her present symptoms. He examines the urine, makes a physical examination, noting specially the bones of the pelvis. The patient is then put in charge of the prenatal nurse, who reports to the doctor, when necessary. (In the United Kingdom, if a midwife is engaged to attend the confinement, she would probably, under the doctor, supervise the prenatal care of the patient.)

When the nurse makes her first visit she takes a social survey of the patient in her surroundings, gives instructions as to personal hygiene, in diet, bathing, clothing, fresh air, sleep, exercise, how to conserve her strength for the good of the baby and for the strain of labour and nursing. Later the preparations for the coming of the baby are made. The mental and physical condition of the mother is noted, a test of the urine made, and the co-operation of the whole family solicited. The nurse should impress on the mother the necessity and importance of maternal nursing. In her social survey the nurse should ascertain if the patient has the means for procuring proper food in sufficient quantities and is free from anxiety. If not, she studies out what is best to be done, and puts in motion the proper machinery for securing the relief needed. In keeping track of the mother, the nurse should visit her once in ten days, or oftener if indicated.

Mrs. Max West, of the Federal Children's Bureau, Washington, D.C., who is doing so much in this line of welfare work, states that prenatal care, systematically and intelligently carried on, will result:—

1. In healthier babies, of somewhat increased weight.
2. In lowering the infant mortality rate.
3. In reducing the number of stillbirths.

4. In reducing the number of miscarriages.
5. In reducing the number of premature births.
6. In a greater proportion of normal deliveries.
7. In reducing the number of cases of eclampsia and toxæmia.
8. In greatly improving the possibilities for maternal nursing.
9. In increased health for the mother.
10. In improving birth registration.
11. In helping the study of social and civic problems.
12. And in bringing greater comfort and peace of mind to harassed and overburdened mothers, thereby increasing the sum total of human happiness to an appreciable degree.

It must also be remembered that the effect is cumulative. To take a mother through her pregnancy and labour without mishap, to give her a healthy baby whom she feeds at her own breast, is to increase manifold the chances of a happy home. Such a woman will be a better wife and a better mother, all future children of such a mother will have a better start in life, and the sum total of good resulting is enormous. It is necessary to contrast such a case with the misery and wretchedness which pregnancy and childbirth among the very poor only too often mean, to realise the full value of prenatal care.

In this most important branch of visiting nurse work, the responsibility of the nurse is great. She is the one who keeps in touch with the mother, and on her faithfulness may depend the life and happiness of mother and babe.

### THE IMPORTANCE OF PURE MILK.

One of the first essentials for the health of the community—and especially for sick children and motherless and artificially fed babies—is a pure milk supply. Yet this is most difficult to secure. Miss J. Cameron Macmillan, Inspector of Midwives at Oxford, says, in an admirable little book, published by Mr. Henry Frowde and Messrs. Hodder & Stoughton, that milk ought to be got at least twice in the day, and, if possible, it should be taken from the milk-man in bottles, as there is less exposure by this method. When the cork is taken out of the bottle, a small cup, or egg cup, should be kept over the mouth to prevent dust, flies, &c., getting into the milk. The bottle containing it should be kept standing in a basin or dish of cold water. Where the milk is taken in the ordinary way, a smooth enamelled jug should be kept for the baby's milk. To prevent the milk being jumbled unnecessarily, the milk-man should be asked to put the milk directly into this jug. It should at once be covered by a small enamelled plate. . . . The best keeping-place is not, as a rule, the kitchen; and in small houses, it may be necessary to move the milk from one room to another. The difficulty usually arises in summer time, when the sun may stream in and make the room very hot for a certain part of the day.

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## EDITORIAL.

### PRISONERS AND CAPTIVES.

No classes affected by the war are more entitled to our practical sympathy than the prisoners and captives in the hands of the enemy. To the sick and wounded we offer our homage, nothing is too good for them, and they are profoundly aware that this is the feeling of the nation. The atmosphere in which they are enveloped from the time they enter a British hospital, at home or abroad, is one of appreciation, respect, affection, and it is one which engenders a sense of comfort, well being, and hopefulness even in those most sorely stricken. To realize this we have only to go to such a home of healing and hope as St. Dunstan's Lodge, Regent's Park, where the saddest cases of all are probably to be found, men young, strong, active, with the greater part of life before them, hopelessly blind for so long as it shall last. Yet such is their environment that the principal impression received by the visitor is one of cheeriness and hopefulness.

The burden which would be too great for them to bear alone is lightened, and to some degree lifted, because it is shared by those who have set themselves to find all the alleviation possible in the present, to extend to the men the tenderness which heals, and the hopefulness which invigorates, and to demonstrate to them that though so much has been lost, life still has many good things in store.

But think of those others, weary, depressed, dispirited, who find no such environment in which to recover their equilibrium. On the contrary, they are suspect, alien, and living in an atmosphere directly antagonistic to all they hold dear, and which, however much they may battle against it, must affect their outlook and their spirits. Day after day they must brace themselves for the mon-

otonous life, with the knowledge that no certain limit is put to it, and that the virtue required of them is that of unlimited endurance.

To these prisoners of war a knowledge that they are remembered, and appreciated, must have an influence beyond the actual physical relief afforded, and the method indicated by Lady Victoria Herbert brings the possibility of showing practical sympathy within reach of most people.

Writing to the press from 5, Stratford Place, W., Lady Victoria says:—

"For some months past I have been sending parcels of food, tobacco, and other comforts to military prisoners in Germany, and have been successful in getting many individuals 'adopted' by benevolent persons at home. Under this system each person adopts one or more prisoners, and undertakes to look after them. There are at present some 262 prisons and hospitals where our men are interned, and most of them can expect but little help from their own homes, even though their friends and relations spare all they can.

"To those who are willing to adopt prisoners I will gladly send the names of men with addresses and instructions how to forward parcels. A parcel of goods sent once a fortnight will probably suffice for the needs of one prisoner. 'Food and a little plug of tobacco' are the things most frequently asked for. The parcel should be carefully and strongly packed, preferably in stout cardboard and strong paper. There is no postage to be paid."

There are many who are asking what they can do to help at the present time who might find a most useful outlet for their energies in this direction, it needs neither strength nor skill to dispatch a parcel to a given address once a fortnight. It needs, it is true, some cash, saved, and well saved, at the cost, perhaps, of self-denial,



## OUR PRIZE COMPETITION.

### DESCRIBE THE MOST PRACTICAL AND ASEPTIC INDOOR UNIFORM FOR WAR NURSING.

We have pleasure in awarding the prize this week to Miss Dora Vine, Eversley, Exmouth.

#### PRIZE PAPER.

The keynote of uniform for war nursing must be its *simplicity*. It must be simple to make, simple to wash and wear, and inexpensive. There is no money nowadays for spending on luxuries, so the stiff starched caps, aprons, and strings that are the delight of some nurses must go. Besides, in some hospitals near the Front washing must be reduced to its lowest terms, and mending old and making new uniforms must not unduly encroach on precious off-duty time. Again, a "war" uniform must be planned so that exposure to varieties of temperature and insect pests is taken into account. Remembering all these points, I suggest the following uniforms:—

1. Dress of tobralo—in grey or blue, according to rank—to be made perfectly plain: no collar, sleeves only to elbow, skirt short (attached to bodice).

2. Aprons of "union" (linen is expensive, and needs careful washing to look nice). The aprons to be made as long as the dress, the bib to fit close to the neck, with wide straps fastening tidily to a wide belt.

3. Knickers of cravenette are a necessity for nurses who have to go out from block to block; in fact, cravenette is so light, durable, and waterproof that several valuable garments can be made from it. For instance: (a) A loose circular cloak, with hood, to slip on when going out to visit outlying blocks, &c., or to wear when going from billet to hospital, &c. It is a good plan to have the cloak machined up about 18 inches from the hem, so that one steps into it. The minute spent on getting into it is amply worth while, as the only drawback to the circular cloak—viz., its fly-away qualities—is hereby obviated, and the nurse is quite covered, and can easily carry whatever is necessary without getting wet. (b) A cravenette dress for off duty is a boon; also (c) a hood, bag, and cushion for use out of doors.

4. Caps must be of the handkerchief shape. They are easily made up, and can be put on so that the hair is covered.

5. Sensible shoes, with a little iodoform sprinkled inside, are needed. Iodoform is now, alas! very expensive, but it is an unfailing

remedy for insect pests, and quite a little on the stocking feet will drive uninvited guests away, and also prevent sore feet.

To sum up.—The nurses are to be distinguished by the colour of their dresses, every scrap of needless material being taboo. (Even brassards make a lot of work in a hospital where work is plentiful and labourers few.) The aprons and caps will look quite nice if simply washed and ironed, and the neck looks very tidy if care is taken to make the bib of the apron curve nicely, and if the exact length from waist to neck is measured.

The uniform dress must be made with four pockets—for watch and thermometer in the bodice, and two (one on each side) in the skirt. These two are godsend in use, and balance the "hang" of the skirt. The uniform here described is easily made and got up, and can all be boiled, ironed, &c., by a 'prentice hand. It looks attractive and nurse-like, while unlikely to be patronised by outsiders, as the whole charm depends upon the little details of fit and measurement, which are conspicuous by their absence in the travesty of uniforms so often seen.

I have worn aprons, dresses, and caps made in this way since the beginning of the war, and have saved quite an appreciable amount through it, as strings, collars, cuffs, and belts are not wanted. I will give patterns of the apron if any nurse would care to have it.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gladys A. Johnson, Miss A. Harding, Miss Mary Harvey, Miss Lucy C. Cooper, Miss Madeleine J. Butter, and Miss Edith Gregory, whose paper unfortunately only arrived from France on Wednesday.

Miss M. A. Harvey writes:—"The best material for the dress is cotton crêpe, which can be bought in any colour, a novice can wash it, and if it is hung by the shoulders from a penny wooden coathanger to dry, it will require no ironing.

The neck should have a turned-down collar of crêpe, which would obviate the necessity for starched collars.

Miss Madeleine J. Butter favours a plainly made dress of white linen, all tucks and folds being avoided; Miss G. A. Johnson, a Princess Robe of holland.

#### QUESTION FOR NEXT WEEK.

How would you combat the danger of fly infection: (1) in relation to milk; (2) in relation to the spread of disease?

## THE TYPHUS EPIDEMIC IN SERBIA.

Dr. T. Gwynne Maitland, M.A., B.Sc., D.Phil., Director of the Typhus Colony, Skoplic, Serbia, has contributed to the *British Medical Journal* the first detailed account, from the clinical standpoint, of the epidemic of typhus which, our contemporary points out, "has been raging in Serbia since the beginning of January, but which has now, thanks to the exertions of various British and foreign doctors and the devoted labours of many nurses, been brought to an end." The article is of the highest interest to nurses, and we quote from it in part.

From March 1st to the end of April, 1915, about 1,800 cases of typhus passed through our hands. It is impossible to form anything like a correct estimate of percentages with regard to deaths and sequelæ, for the hospital was seriously handicapped by reason of the dearth both of nurses and medical attendants. So far as hospitals were concerned, the epidemic was almost entirely neglected during the first three weeks. So great was the mortality among the native doctors that the few who could be induced to take charge of the General Fever Hospital had to leave the supervision and treatment of patients almost entirely in the hands of the orderlies.

### HOSPITAL ORGANIZATION.

When the Sixth Reserve Hospital was taken over for the purpose of isolation and treatment of these cases it was considered unjustifiable to detach nurses from the existing units, inasmuch as most of these nurses were surgical nurses whose services were required elsewhere. It thus happened that during the earlier days at the Sixth Reserve Hospital the nursing was left in the hands of three volunteers from the surgical unit. Two only of these were fully qualified nurses; the third was a probationer. These three nurses, together with one doctor, were left to cope with the typhus outbreak.

With such a staff it was, of course, impossible to provide adequate treatment, and so it was necessary to enlist in the work some Serbian soldier orderlies and a number of Austrian prisoners, and as a necessary precaution only orderlies and prisoners who had had typhus were selected. The wards one by one were emptied, scrubbed, and washed with disinfectants, and the ceilings, walls, and floors were afterwards brushed with petrol. This cleaning was done twice weekly afterwards throughout the entire hospital buildings. The Austrian and Serbian attendants were, with a few exceptions, thoroughly washed, bathed in

disinfectant, and given clean clothes. They were then isolated and not allowed to come into contact with anybody, save those in authority or patients under supervision. It was hoped in this way to avoid all contamination, and we found that only one case during the first few weeks became reinfected by vermin. A certain number of the orderlies were not disinfected, and these were given the charge of the admission of patients to the wards. To them was left the duty of unclothing the patients, shaving their heads, and passing them through the bath of disinfectant. From the bath of disinfectant the patients passed directly to the clean orderlies, who wiped them down and gave them clean night things. They were then sent to clean beds. We invariably carried out this method of handling new arrivals. As soon as we had a sufficiency of the requisite combination garment (to which reference will be made later) to distribute throughout the hospital staff, all the orderlies were disinfected, as they were enabled to maintain their cleanliness by discarding their clothes after each admission.

In the early days the conditions under which all the foregoing was performed were extremely primitive. The patients were disrobed on the steps of the pavilion in the open air, and passed into the hall—the antechamber to the wards—where they were immersed in a disinfectant bath, after which the "disinfected orderlies" took them at once into the wards. Later on, when the colony included two excellent cadet schools, we were able to take over the outside offices—kitchens, baths, and wash-houses—and here, in these outbuildings, the patients received the same treatment as above, but under much more favourable conditions.

To prevent lice getting into underwear it was necessary to improvise suitable garments—not such an easy matter, since the necessary tailoring was not to be had. At first we tried a jacket fitting high in the neck, long sleeves to button securely over the wrist, trousers fastening round the waist with string, and the legs tucked into high rubber boots. Finally I decided upon a sort of combination suit which answered admirably to all requirements, and was especially welcome in the hot weather. It was made in one piece, fastening at the neck like a bathing suit—that is, by two buttons on the shoulders, the trousers ended in feet which were slipped into sandals. To protect the hands, rubber gloves (previously boiled) came up well over the wrists. We made it a rule that all the staff should wear this outfit. Changing-rooms were provided, the combination suit being put on before going into the wards, and removed when going off duty.

## SYMPTOMS AND COURSE.

After describing the initial symptoms of the disease, Dr. Maitland writes:—

On the fourth or fifth day there appear for the first time some rose spots, widely separated and located variously over the abdomen, the lower part of the chest, and on the anterior surface of the shoulder. The patient is now beginning to look seriously ill. He is lethargic, his movements are sluggish, and he is almost comatose. From this time onwards his mouth is the greatest source of trouble. Sordes appear, and unless the mouth is carefully washed its foul condition is the beginning of various sequelæ—parotitis, laryngitis, and otitis media. At the very best there is always a certain hoarseness and a certain amount of deafness. It is common at this stage also to find the urine suppressed for two or three days, and then afterwards to find the urine displaying albumin and casts. For seven to ten days this condition goes on practically without change. The patient remains lethargic, seems dull and stupid, and almost comatose. He becomes markedly constipated, frequently wets his bed, and his mouth throughout the whole of this time requires constant attention. After this the patient begins slowly to recover, and at the end of the fourteenth day frequently shows a crisis which turns out to be a remission, the fever running up again for two or three days to decline afterwards in lysis. From this point onwards again the patient slowly recovers, and may, at the end of another week, begin to show a healthy and voracious appetite, a clear mind, and a considerable contentment. He is, however, distressingly weak; all his muscles are flaccid and his heart is readily upset.

## SEVERE TYPES.

The two morbid types which we found to defeat all treatment were, first, those we called fulminating, and secondly, those exhibiting circulatory stasis.

*Fulminating Cases.*

Beginning in the normal way, the great difference between these and the normal cases took place about the second or third day after a rise of temperature had set in. It is from the observation of these cases that one is well advised to take the deposition of all patients before they lose consciousness, since these fulminating cases never recover consciousness. The patient passes into a deep coma. He displays very marked and exaggerated twitchings—*subsultus tendinum*. He mutters, picks at the bedclothes, his face is markedly congested,

and his eyes are frequently nystagmic with a squint. He has no control whatever over his sphincters, and usually within three days or so he dies.

*Cases exhibiting Circulatory Stasis.*

The next class of cases, in which the mortality is, perhaps, as great, is infinitely more disappointing. Patients in this class seem to pass through the whole fever without incident, so that one is justified in presuming that everything is well, when there begins, about the twentieth day or so, typical circulatory stasis. The feet frequently become blue, the pulse small and thready; sometimes gangrene sets in, and the patient dies as if from asthenia. . . . The tongue, for instance, which in health is constantly undergoing movement, lies in the mouth as if dead. It is no wonder that in such a septic cavity as the mouth, when the secretions are suppressed, there is such extensive vegetable formation to account for the sordes which is always present.

## CONCURRENT DISTURBANCES.

Now, as regards the variety of coincident troubles that may develop in the course of this fever. In early days, when we were unable to provide individual treatment, we found that a large number—probably between 20 and 40 per cent.—displayed either parotitis, otitis, conjunctivitis, or laryngitis.

*The Exanthem.*

One may say with regard to the concurrent disturbances associated with typhus that these may be removed to a great extent by careful nursing. One of the points which we insisted on was that the mouth should be most rigorously attended to. The mouth was washed out with some solution, such as permanganate—the only disinfectant we had in any quantity in the earlier days; later, when we had supplies, hydrogen peroxide was substituted, and, as a result, parotitis, otitis, and other naso-pharyngeal disturbances disappeared. Constantly swabbing the back of the throat considerably ameliorated the condition of deafness. Patients who were able were taught to gargle periodically throughout the day, and as a result the laryngeal trouble was improved.

*Circulatory Disturbances.*

Another condition which caused us much anxiety, and which occurred frequently in asthenic cases, was the circulatory trouble. For a considerable time we were unable to account for this. All that we noticed to begin

with was that the feet and hands became blue and cold, and the pulse small and thready, indicating a general cardiac failure. But, apart from this, we found that we had to deal with local degenerative troubles. Patches of redness usually appeared on the feet, active congestion evidently occurring there, and later this was followed by patches of gangrene. Sometimes the toes would be symmetrically affected, would disorganize and fall off. We had two cases in which the nose was affected. The fingers, though frequently showing the earlier signs, never, in cases under my observation, went on to gangrene, but, in fact, completely recovered.

The general plan adopted in these cases was that, when the feet showed coldness and blueness, hot-water bottles were at once applied, and a supporting treatment was also adopted. Strychnine and digitalis were frequently injected, brandy occasionally administered, and, when possible, massage was given. If the condition of the extremities did not improve under this treatment but proceeded to redness, then evaporating lotions were applied, and these measures met with a fair amount of success.

#### TREATMENT.

Finally with regard to treatment. A supporting diet, which usually included soups, Benger's food, Horlick's milk, and so on, was administered for the first fortnight. Occasionally brandy was given, but not often. There is a great prejudice in the Balkans against the use of brandy for typhus. One must acknowledge the right of the local opinion in this matter because of the considerable experience they have of the local form of typhus; they declare, and we think with good reason, that alcohol in any form aggravates the cerebral symptoms, which are such grave and important indications of brain toxæmia.

It must be remarked, therefore, that the next point in treatment which they always insist upon, and which is a corollary of the above, is the application of ice to the head. Ice was placed on the head from the onset, and maintained there until the subsidence of fever, and, if one can generalize at all, one may say with the greatest benefit. As has been stated, the mouth was attended to every half-hour throughout the day. In some cases sordes collected almost as quickly as it was wiped away. The patient was always moved very carefully, and turned from side to side to avoid bedsores, which occurred with amazing frequency considering the short duration of the decubitus. The extremities were kept warm. There was, of course, the greatest insistence on fresh air, and the window frames in the wards were re-

moved. This appeared to the majority of patients to be, of all things, their greatest hardship when the icy winds of March were blowing through. In fact, patients of all classes in the Balkans always cover their heads when going off to sleep, and it was the duty of the nurse to see that their heads were uncovered, and that breathing was free and comfortable. At one time we thought that if we were to insist sufficiently on the principles of fresh air we should do much to diminish the virulence of the toxæmia, but we are unable to say that it had that profound effect we anticipated. The tradition of typhus is that it is associated with filth, overcrowding, and the absence of fresh air, and, of course, it was believed that if one could provide cleanliness, space, and fresh air, one would do much to diminish the virulence of the fever. But our experiences went to show that here fresh air was not apparently the potent factor that it is advertised to be, though naturally fresh air in all disease is a *sine quâ non*.

#### EXCHANGE OF PRISONERS.

The Amsterdam *Telegraaf* learns from Roosendaal that owing to the great number of British wounded who are being exchanged from Germany, they are being conveyed in four special trains.

It is reported from Roosendaal :—"The first train, with 192 English wounded, fifteen male nurses, and one doctor, arrived at Roosendaal at 2.30 (August 24th). The train left Aix-la-Chapelle this morning at four o'clock. On its arrival at Roosendaal the Dutch Red Cross distributed refreshments. The majority of the soldiers are wounded men from Ypres; many are without arms and legs, and two of them are blind. All express their longing for home. Among the wounded are some from Canada and India.

"The train left at three p.m. for Flushing, accompanied by Mr. Ernest Van Loon, Knight of St. John, and ten Dutch nurses. A second train with only a few wounded arrived at Roosendaal at 3.30, and left after a short interval for Flushing."

Mr. G. F. Steward, special correspondent of the *Daily News*, writing from Rotterdam on Tuesday to that paper, said :—

The wounded, despite their terrible injuries, were as cheerful and laughing a crowd of travellers as I have ever seen. Their troubles already forgotten, they were in tremendous spirits at the thought of returning home to their friends.



## NURSING AND THE WAR.

Miss Florence Harley and Miss L. O. Peet, whose portraits are published in this issue, are two of the trained nurses mentioned in despatches by Sir John French, and upon whom the King recently conferred the distinction of the Order of the Royal Red Cross.

Miss Florence Harley, who is a niece of Field Marshal Sir John French, was trained at St. Thomas's Hospital, London, and has held the position of Sister of a Children's Medical and a Women's Medical Ward in the same hospital. She is a member of the Civil Hospitals Reserve.

Miss Peet was trained at the Royal Infirmary, Derby, and a member of its private nursing staff. She went out to France in the early days of the war and has served on a hospital train and in hospitals at Versailles.

Our thanks are due to the editor of *The Ladies' Field* for the portrait of Miss J. E. M. Barbier, R.R.C., from a photograph by Swaine, which we published in our last issue. We regret that our acknowledgments should have been made to another source and desire to express our indebtedness to the courtesy of the above journal.

Some of the Sisters at Malta who have been detailed for duty on hospital ships, receiving the wounded from the Dardanelles, are at present having the experience of getting very near the scene of action, and consequently of being able to care for their patients at the earliest possible moment after their wounds are received. This is as it should be, the risk of infection is minimized, and much suffering avoided when wounds receive skilled treatment as soon as possible.

Besides the satisfaction of the service they are able to render to the wounded, the life on the hospital ships seems to be much appreciated by the Sisters. It is very busy, but everyone desires to work her hardest in these days, therefore it is accepted as the right thing that the only respite between the voyages to and from Malta to

Mudros Bay, and as much further as is permitted, is a day or two for replenishing stock. Then on the voyage out the wards are prepared, beds made up, &c., in preparation for the reception of patients—wounded, enteric, and dysenteric. With some 500 of such cases on board the hands of the Sisters are full on the return voyage. The worst cases are landed at Alexandria while others go on to Malta. There are now quite a fleet of hospital ships, and of transports used for this purpose, carrying the wounded between the Dardanelles and Alexandria and Malta as well as

India and Australia, and we may hope, therefore, that so far as may be the sufferings of the brave men wounded, and stricken with disease, in the defence of the Empire are mitigated by the skilled care they receive.

Nursing Sister M. Bullock, describing "Montenegrin Characteristics" in the *Nursing Journal of India* writes:—

"As every man worth the name is a warrior it is hardly a surprise to find the police a wretched set of anæmic creatures. The people of the Black Mountain are a people of a few great virtues and splendid virtues. A Montenegrin neither lies nor steals, and cowardice is almost unknown, indeed should he be a coward he has to lead the life of an outcast, his home no longer his to come to, for he could face neither wife nor village again. It is true that he drinks much *kaké*, but very seldom is he drunk. It is also true that his wife is his willing slave,

and will tramp for days bringing his food and blankets, but it is the slavery of devotion to the hero who protects her and the children from the cruel Turk at the risk of his own life, and often at the loss of sleep for many a day. True, he is cruel, more or less, but has he not been educated in that school and ground down for generations by an appallingly cruel enemy. He certainly revenges death with death, after which he is in prison for two or three years on parole. Prisons, as a rule, are not locked up in this country though the murderer may have to wear chains; it is the



Swaine.

MISS L. O. PEET, R.R.C.  
MENTIONED IN DESPATCHES.

price he must pay and it is paid quite cheerfully. Proud as Lucifer, he stands at least six feet in his heelless shoes of cowhide, and no king owns a finer figure than he. He walks as if he owned the hills even if he has nothing on but a sack or two stitched together with string. His poor meal of rye bread must not be begun without his saying grace; into battle he will not go without first partaking of the Holy Sacrament; and added to this he always adores his mother. . . There is one railway, and anyone who cares to may pay his fare, but all doctors, patients, or their relations, nurses and directors go free, and no one else travels. As to nursing conditions, there is one hospital in the country at Cetiùë; it is well equipped, but in time of war there is no room to treat any but soldiers. On the whole, things are improving, and there are now travelling medicos who stop at villages and try to improve sanitary methods, there is still, however, much to be done as epidemics of typhoid, typhus, and malaria occur every spring.

Tuberculosis has become prevalent following quickly on the new craze of shutting up their houses. The mortality among babies is terrible, mostly because they insist on covering the cots up entirely with a thick cloth. When ill or wounded there is no complaint, pain is borne without flinching, but they seem to think it no good getting well if they cannot fight again. There is something fine about this little nation always gallant and courageous, ready to help any honorable quarrel without fear and without any selfish thought.

Miss Helen Scott Hay, who it will be remembered went with a party of American Red Cross Nurses to Russia in the early days of the War, is now in Bulgaria, studying the language, as it has been decided to make a beginning with the project, postponed owing to the outbreak of war, for a training school for Bulgarian nurses. She writes: "I was sad to leave my beloved Russian soldiers, knowing I could not hope to see them again. They are rare sweet souls, and I trust Providence tempers the wind to these shorn lambs." No wonder Tolstoi loved them.

"Four of our American sisters transferred from Kief to Serbia, recently visited me here, en route. I am very thankful conditions in Serbia are so much better. The JOURNAL is always most interesting, and now especially so for the news of nursing at the front. Besides, it is all the nursing news I get and it is most welcome."

The War Committee of the Toronto Chapter of the Graduate Nurses' Association of Ontario, makes the following statement in *The Canadian Nurse*: "The Titanic European War has called for the best that is in our country. Every class,

every profession and calling in our beloved land vied with each other in manifesting zeal for the alleviation of suffering humanity at the seat of war, and at the homes of the valorous soldiers of the Empire, where the offices of the nurse are so much needed. Many of our nurses have given their services to the sick and wounded without remuneration such as they would receive in following their profession at home, and in no instance has a call been made for additional nurses without a generous response, although the nature of their service demanded personal risk and the severe lot of those who minister to the maimed. As there were calls coming to the different hospitals for nurses, and Miss Gunn had received a letter from Miss Hersey, Montreal, asking if we could send six nurses who would volunteer to go to La Panne, France, the Toronto Chapter

thought it better to call a meeting of the nurses belonging to the chapter. After some deliberation the chapter deemed it advisable to form a war committee, which would be composed of a representative from each of the six city hospitals, and one from the Florence Nightingale Association, namely, Miss Mary Hill, H.S.C., convener; Miss Neilson, T.G.H.; Miss Cooper, W.H.; Miss Irvine, G.H.; Miss Luney, Isolation H.; Mrs. Wigham, F.N.A., and Miss Weyer, St. M.H., secretary.

"Applicants will send their applications and credentials to the committee, only those who are fully qualified nurses to be accepted."



MISS FLORENCE HARLEY, R.R.C.  
MENTIONED IN DESPATCHES.

## JOINT WAR COMMITTEE.

## ABROAD.

The following unit left London on Wednesday for Alexandria:—Miss Lorna B. Wood, Matron-in-Charge, trained at Guy's Hospital. Miss Wood has held the position of Nursing Sister in the Royal Naval Nursing Service, and has also been a Sister at Guy's, besides having private nursing and district nursing experience. She is a certified midwife and a certificated masseuse (I.S.T.M.). Accompanying Miss Wood are Miss Mabel Jelly, Miss E. Hanson, Miss M. E. Kelly, Miss Barbara Barnett, Miss Eleanor Melbourne, Miss Mary Ann Cadlolo, Miss Margaret Studley, Miss M. A. Bridges, Miss Saidey Morey, Miss J. E. Peters, Miss A. M. Woods, Miss H. R. Porteous, Miss Amie Crawford, and Miss Olive Pound.

The unit will report to Mrs. Phillips, R.R.C. the Red Cross Principal Matron in Alexandria. Mrs. Phillips before her marriage with Dr. Llewellyn Phillips was Matron of the Kais-el-Aini Hospital at Cairo, where she did good work.

## HOME HOSPITALS.

*Beckett Hospital, Barnsley, Yorks.*—Mrs. Bell Hildreth.

*Norfolk War Hospital, Norwich.*—Miss M. E. Barcham.

*Gatcombe House, Newport, Isle of Wight.*—Miss J. Randall Ferguson.

*F.A.D. Hospital, Northwood.*—Mrs. M. Stephens.

*The Hospital, Teignmouth.*—Miss Kate E. Skinner.

*V.A.D. Hospital, Corsham, Wills.*—Miss M. E. Darcy.

*Auxiliary Hospital, Oakley Manor, Shrewsbury.*—Miss Ethel M. Smith.

*V.A.D. Hospital, Darley Dale, Derbyshire.*—Miss Gertrude Ryder, Miss Daisy Gear.

*F.A.D. Hospital, Troubridge, Wills.*—Miss D. Thompson.

*Ashridge Park Hospital, Berkhamsted.*—Miss J. L. Woodworth.

*Windlesham Moor Military Hospital, Windlesham, Surrey.*—Miss C. Brunelle.

*F.A.D. Hospital, Ockbrook, W. Derby.*—Miss G. G. Gould.

*Red Cross Hospital, Alnwick.*—Miss A. Kynaston.  
*Greenhill Hospital, Sherborne.*—Miss Agnes Gregory.

*Coombe Lodge, Great Warley, Essex.*—Miss L. Hogarth.

*Yarrow Military Hospital, Broadstairs.*—Miss M. O'Connell.

*V.A.D. Hospital, Strood, Kent.*—Mrs. Lilian M. Smith, Miss M. Smith.

*Auxiliary Military Hospital, Oxted.*—Miss Katherine McGrath.

*Red Cross Hospital, Heaucroft, Wimborne.*—Miss Isabella Stanistreet.

*Yarrow Military Hospital, Broadstairs.*—Miss Wills, Miss F. M. Reynolds.

*Tyney Hall Military Hospital, Winchfield.*—Mrs. Josephine Elliott, Mrs. Alice E. Dale.

## FRENCH FLAG NURSING CORPS.

Miss Constance Rule Maudling (cert. Camberwell Infirmary) left London on Wednesday for Evreux where she will relieve in turn Miss Wadsworth and Miss Nevill Parker, who have been working very hard at massage as so many of the cases of fracture are benefited greatly by this treatment. Miss Maudling has recently returned from Pernambuco, Brazil, where for the last two years she and Miss Brockie have been working as Matrons of the quarters provided by the Great Western Railway of Brazil for the staff in their employ. Their work, like so much modern nursing, has been largely preventative, but they have also had accident cases and malaria in the hospital, and Miss Maudling describes the work as very interesting and most useful—an experience, in short, which she would have been very sorry to have missed. Miss Brockie worked first at Jaboatao, and Miss Maudling at Sao Lorenzo, and afterwards when the staff for various reasons, including the war, was reduced they worked together. In the hot weather the Quarters are transferred from Jaboatao and Sao Lorenzo to Boa Viagem, a seaside residence in lovely surroundings where the staff stay for several months.

## NURSING OUR ALLIES.

Miss Grace Ellison in some most interesting articles in the *Daily Telegraph* on "Nursing our Allies," gives a vivid picture of the good work quietly carried on by the members of the French Flag Nursing Corps, from which we extract the following paragraphs:—

## A TYPHOID HOSPITAL.

My car draws up before an erst-while village school-house, converted into a hospital, and a yellow flag floats over it. Most of the patients have typhoid fever, and some are very seriously ill. The *médecin-chef*, having heard how luxuriously our British hospitals have been equipped, apologises for his primitive establishment; yet, strange as it may seem to him, I would not change this primitive establishment for the grandest hospital that could be bought, for has not every bit of it—lamps, stools, tables, and beds—been made by the unmobile carpenters of the village? On regular rows of narrow deal beds poor sick men are lying, their mattresses are stuffed with straw and sewn up by the workmen who make the beds, workmanship and material combined costing from 3*l.* to 5*l.* I don't, however, love the bolsters, which have at the same time to serve as pillows, and Jacob, had he been consulted, would have said the pillow on which he slept at Bethel was soft in comparison. Why have I not the wherewithal to buy pillows? Pillows seem to be required everywhere I go.

## IN THE "GRAVE" ROOM.

It does one good to see the English nurses ministering to the poor brave souls who lie there suffering, without a murmur. They want, these

soldiers, to be well, up, out, back to the front again; their country needs them but they are weak and wasted by the fever, and as one of them stretches out his poor thin arm to help him gives intittance to the never-forgotten "Merci, mess!" his brow becomes thickly pearly with perspiration, and for a while he loses consciousness. Then I am taken to the "grave" room. Here are placed those patients who are not expected to recover—too many, alas! The nurses have provided them with pillows, nightgales have been sent from England, and quilts to adorn their narrow little beds.

By one bed, a mother and a young wife are sitting waiting—waiting—and the mother tells me what the poor young man has not strength to say—"elle est si bonne, la sœur." Yes, there are moments of constant and unending sorrow. Somehow, I never realised war was like this.

I go on to the station, where more of our nurses are working. Here the patients have their first rest, coming straight from the trenches. Some of them are too ill to go any further; some of them are almost crippled with rheumatism; and still others are just tired men, too tired to be washed or fed, too tired almost to sleep. But I have wounded the feelings of one of them by asking him about his wounds; he has none, he is just a tired man, and the shame of it brings tears to his eyes; he hides his face in his hands.

#### TENDED GRAVES.

We drive on to the cemetery—the kindly man who accompanies me asks me to forgive the French should they in their ignorance of the customs of our country not have buried the British soldiers with all the honour due to them. Simple little graves they were before which my companion stood bare-headed, and above them all, French and English alike, was placed a primitive black cross marked, "Priez pour lui." "Should I have painted these words over the grave of a Protestant?" asked my companion, and with all my heart I thanked him. A Union Jack is above this grave, and pots of fresh flowers, and already flowers are growing amongst the grass. "It is the British nurses who come to look after the graves and

the graves of our soldiers," said my companion, and his eyes filled with tears at this kindly attention. "I must confess, said he, "I never supposed English women had such great big hearts."

#### A MOVABLE AMBULANCE.

In her next paper Miss Ellison writes:—"I am to go on to a movable ambulance, where our French Flag Nursing Corps nurses are working.

The hospital is situated some kilomètres from the presbytère. Temporary wards are built to accommodate the typhoid patients. Only those who are too ill to move further on are kept here, and as the army advances the ambulance will follow. For women to be part of an ambulance like this is quite a new order of things, and for some time the villagers tried to find out the real meaning of the semi-Salvation Army bonnet which is part of a British nurse's out-door uniform.

It does me good to see the sisters and their enthusiasm for all they see around them—their delight and gratitude at being thus privileged to study a new civilisation and compare and contrast French methods with our own. There are no pillows in this hospital either, and so few socks. I have begun measuring up the incomes of all my friends and sighing for the flesh-pots of Egypt to convert them into pillows, socks, and cigarettes.

Before I leave the nurses I have asked them to take me into a big park covered with anemones. They are sparkling in the sun like a garden full of pearls, and the grass is so green and the trees around so fresh, it seems as if everything must be at peace with God and all men. And the long procession of mutilated youths dragging themselves wearily along the grass!—that human nature should be thus humiliated and insulted and that the trees and flowers should come forth in all their beauty undisturbed! God has given me the eyes of an artist. I ought to see with the eyes of a professional nurse. One of the patients rushes up to greet the sister. "See this hand," she cries enthusiastically. "He was told he would never use it again. Now with careful massage I have saved it," and her eyes danced with delight as she caressed the poor mutilated hand, of which only two fingers remained!



MISS C. R. MAUDLING.



## CARE OF THE WOUNDED.

The King and Queen on Saturday last visited the sick and wounded of the Indian Expeditionary Force who have returned from the Front, at the Kitchener Hospital, Brighton.

On Saturday Queen Alexandra, attended by Miss Knollys, the Princess Royal, and Princess Maud of Fife, paid a visit to the Cedar Lawn Hospital, Hampstead Heath. The Royal visitors charmed both staff and patients, and expressed their pleasure at all they saw. Queen Alexandra expressed the hope that she would be able to visit the hospital again.

During a surprise visit to the 3rd London General Hospital, at Wandsworth, Queen Alexandra was presented by Sergeant-Major Ward, one of the patients, with a white satin cushion cover, on which were worked the flags of the Allies.

On Monday Queen Alexandra visited the Red Cross Hospital at Netley. Such patients as were able were drawn up in line, and others were carried out in their cots and much appreciated Her Majesty's kindly words to them.

The Joint War Committee of the British Red Cross Society and the St. John Ambulance Association are appealing for motor cars for use in Northern France, for the conveyance of the personnel connected with the convoys of motor ambulances. Touring cars of from 16 to 20 h.p. are suitable for this purpose, and offers of these will be appreciated at 83, Pall Mall, S.W.

Officers of both Services who have lost their sight in the war have hitherto been accommodated at St. Dunstan's, Regent's Park, which was recently described in this journal. Unfortunately, the number of cases of blindness has so increased as to render other arrangements necessary. These have been made possible owing to the generosity of Sir John and Lady Stirling Maxwell, who have placed their town house, No. 21, Portland Place, at the disposal of such officers, who will sleep and have their meals there while going daily to St. Dunstan's, or to the National Institute for the Blind, Great Portland Street, where special arrangements for their tuition have been made.

A site has been selected for the Ontario Government Hospital at Orpington, Kent, 15 miles from London, and near the main South-Eastern line to Dover and Folkestone. The hospital will contain 1,040 beds, and will primarily be used for acute cases among the wounded men of the Canadian contingent.

It has been decided to celebrate Italian Day in England on October 7th, to aid the Italian Red Cross and the Italian soldiers' and sailors' families in this country. This pro-Italia movement has the patronage of the Italian Ambassador, the

Prime Minister, the Lord Mayor of London, Earl Kitchener, and other influential persons and the Italian Consul General presides over the Executive Committee. The offices are at 12, Waterloo Place, S.W.

The ladies' section of the pro-Italia Committee, of which the Marchesa Imperiali is president, has undertaken to collect and forward woollen clothing for Italian troops stationed on the Alps. Communications or parcels should be addressed to the Contessa Greppi, vice-president, ladies' section, pro-Italia, 23, Lancaster Gate.

Those who realize the hardships undergone by the army of our Italian Allies in their mountain warfare on the high Alps will be glad to know of this opportunity of helping to provide them with comforts.

Dr. H. Stedman, who is a major in the Royal Army Medical Corps, and is on the honorary staff of the Hendon Cottage Hospital, has been nominated Chevalier of the Leopold Order, in recognition of his work in installing the ambulance of the English Red Cross Society at Calais used for the service of wounded Belgians.

The Société Française de Secours aux Blessés Militaires, which founded the French Red Cross Society in 1864, and has its Central Office at 21, Rue Française 1er, Paris, has published an interesting report of its activities in the ten months following the declaration of war:—

At the present moment it maintains 773 Auxiliary Hospitals, with a complement of 70,000 beds, three of which are specially dedicated:

The Elizabeth Hospital at Calais, a gift to the King of the Belgians; The Hospital for Soldiers maimed in the War, 6, Rue de Marignan, Paris; and The Mont des Oiseaux (formerly one of the most renowned convent schools for the children of the French aristocracy), now transformed into an Auxiliary Hospital for wounded Officers.

Many of the Society's devoted workers have laid down their lives for the cause. Most notable among them are, at Rheims, three out of five nuns holding the certificate of the Society, who, with two ladies who were helping them, were killed during the siege, the two other nuns being seriously injured. At No. 11 Temporary Hospital in the eighteenth war zone, the Countess O'Gorman, and in the Auxiliary Hospital I.B., at Pau, Madame Gay-Lussac have died of illness contracted in the performance of their duties. At Meaux, Countess de Lamothe; at Cherbourg, Mlle. Lefebvre, daughter of Commander Lefebvre of the French Navy; at Bordeaux, at the Auxiliary Hospital St. Joseph du Hapf, Mlle. Marie Bourdet (Sister St. George); at La Rochelle, Mme. Hélène Perrier (Sister Thérèse); at St. Jean Pied de Port, Mlle. Hervais; at the Military Hospital at Valogues, Mlle. de l'ers; at Saintes, Mme. Durand-Gasselien, wife of the Protestant Pastor, on duty in the Military Hospital of that town; at Lyons, Mme. Béthenod;

and lastly Mlle. de Noville, one of the first nurses sent by the Society in 1907 to Morocco. Mlle. de Noville was in Switzerland when war broke out. She hastened home and resumed her work at Issy-les-Moulineaux, where she toiled devotedly until her strength failed and she died.

The French War Office has recognized the services of many of the Nurses. One has received the Cross of the Legion of Honour, 21 have been mentioned in despatches, and 14 have received the Medal for Nursing infectious diseases.

The Society supervises the Fund administered by General Vieillard, which provides clothing, surgical appliances, and aid in money.

A local Fund has been started at Commercy by the President of the Society, Mme. Bizot, which provides baths and clean outfits for soldiers coming out of the firing line. The discarded garments are disinfected, cleaned and repaired by the younger members of the Society and given out to fresh contingents returning to the Front.

The Transport Service organized by this Society is specially worthy of notice. This consists of 88 motor cars specially adapted for the purpose and five cars fitted up with hot water supplies for baths, with laundry and drying machinery, with radiography and sterilizing apparatus and one wagon in particular given up to the repair of garments. All these work close to the firing line. Thanks to the sterilizing apparatus, an operating theatre with electric light can be installed in a very short time at any point of the battle field.

During the festivities at the Scottish Women's Hospital at Royaumont on the National Fête Day, in an interval in the programme, when tea and brioches were served, two pyjama-clad Frenchmen stepped on to the platform, one to deliver a short speech of thanks, and the other to present a bouquet. Both were quite unconcerned regarding their somewhat unusual stage attire, and performed their different duties as gravely and with as much ceremony as if they had been attired in uniform or evening clothes.

A South African Hospital and Comforts Fund is being organised by a Committee under the

presidency of Viscount Gladstone, with the object of providing hospital accommodation and comforts for the contingent coming shortly from South Africa. It is hoped in the first instance to equip a hospital of 500 beds.

Major Patterson, Chief of the American Red Cross Bureau has intimated to the nations concerned that the American Red Cross Society is withdrawing its hospital personnel from Europe on October 1st. In doing so he states that "This step was necessitated purely by financial reasons. The American Red Cross feels that, having given the assistance of its personnel for one year (which it will have done by October 1st), it can now render a better service by continuing simply to furnish surgical, hospital, and medical supplies to the belligerent nations. It will do this probably for the entire duration of the War,

by withdrawing the units, and thus saving the expense of keeping such personnel in Europe."

Our illustration of one of the hospital ships in Mediterranean waters shows "Little Jim," the bugler, the youngest patient on board. He has been in the trenches for two months, and the rest and care he is receiving on the hospital ship must be a



LITTLE JIM.

welcome change after the experience of trench life.

The Editorial in our issue of August 14th regarding the dangers of fire, has brought to us from the British Fire Prevention Committee its "Hospital Warning" No. 10, which deals with "Fire Precautions for Emergency Hospital."

Abbreviated forms of this "Warning" have also been issued by the Committee, and translated into French, Flemish, Urdu, and Panjabi.

Hospital Matrons desiring copies of these "Warnings" for posting up are able to obtain them free, as far as hospitals that take soldier and sailor patients are concerned, upon their addressing the Registrar of the British Fire Prevention Committee, 8, Waterloo Place, Pall Mall, S.W., and enclosing a large-sized stamped envelope. They should state the number of patients they have or the size of the hospital, whereupon a suitable number of copies of the poster will be sent them.

## INTERNATIONAL COUNCIL OF NURSES.

Although the International Council of Nurses only officially held its business meeting in San Francisco, the Congress which had been planned having, as our readers are aware, been abandoned on account of the war, yet at the eighteenth annual Convention of the American Nurses' Association—opened on Monday, June 21st, at the First Congregational Church, by its President, Miss Genevieve Cooke—Miss Cooke, after calling the meeting to order with a few words of cordial welcome to California, asked for a Report from the International Council of Nurses, saying:—"We are most fortunate in having with us two delegates who have been sent over from London, England, representing the International Council, and I should like to have the members of the International Council who are here come to the platform. We are to have a little report from each: Miss Goodrich, as President; Miss Hulme, from London; Miss Arstredes, from Holland; Miss Hunter, from Australia; and Miss Kent, from England." These reports are published verbatim in the *American Journal of Nursing*, the official organ of the International Council of Nurses in the United States of America.

### REPORT OF THE PRESIDENT OF THE INTERNATIONAL COUNCIL OF NURSES.

MISS GOODRICH, President of the International Council of Nurses, then presented the following report:—"In the absence of Miss Dock, our International Secretary, I beg to present the following brief report for the International Council of Nurses. It is not necessary for me to voice our intense regret that we are unable to hold the Congress. Letter after letter has been received from various parts of the world, voicing the disappointment and grief of our members, not only that they cannot be present, but that it should be because of the terrible tragedy that is being enacted on the other side.

From Miss WRIGHT, President of the Canadian National Association of Trained Nurses:—"I was sorry to learn definitely that the International Council of Nurses would not be able to hold their meeting in San Francisco, although I was sure this would be the case, as this terrible war would make it impossible to have anything like an international meeting. As the executive meeting is to be held the last of May, I feel that it will be impossible to be there. I expect to be in San Francisco in February and will see Miss Cooke and have a talk with her. As to the Canadians going to San Francisco the end of May, as yet I do not know how many will be able to go. We are seriously considering postponing our own national

meeting until the fall, or probably later, as I have felt that until this war is over the National Association should not spend money along any lines except as relief work, and the necessary entertainment and expense that goes with a national meeting should be abandoned if possible.

From Miss VAN LANSCHOT HUBRECHT, President of the Dutch nurses:—"The Dutch Nurses' Association *Nosokomos* sends its heartiest greetings and sincerest wishes to the Nurses' Congress assembled at San Francisco, regretting infinitely that the dreadful calamity which has come over Europe and brought so much misery and sorrow even for the neutral countries, prevents any of its members from coming over officially in order to represent Holland at the Congress.

MR. RIMSEL, of the United States Legation in Peking, writes as follows:—"In reply to your letter of November 22nd in regard to the forthcoming meeting of the International Council of Nurses and the improbability of the attendance of foreign delegates thereto, I beg to enclose herewith a copy of an informal letter received from the Chinese Ministry of Foreign Affairs with reference to the sending of Miss Chung as the Chinese delegate. In acknowledging receipt of your letter of yesterday in regard to the appointment of Miss Elsie Chung as a delegate to the International Council of Nurses, I am instructed by Minister Sun Pao-Chi to inform you that as it was stated in the Council's letter to you in reference to the European war, it seems not feasible to send Miss Chung as a delegate to the Council.

From Miss ANDERSON, writing on behalf of the Swedish nurses, and Miss Tamm, their President:—"Miss Therese Tamm has asked me, her nurse, to write to you to explain her long silence in relation to the invitation to the International Congress of Nurses in San Francisco. She has been ill for two years and although she is lately getting better she still cannot leave her bed except for a comparatively short while every day. There is no saying when she will be able to recover, and of course there can be no thought of her travelling anywhere for ever so long. She begs to present through you her gratitude for the kind invitation and to express her regret at not being able to attend to the Congress. You will be sorry to hear that the Sophia Sister, Emy Lindhagen, who was the first president of the Swedish Nurses' Union, died in the Sophia Home after a very painful but bravely borne illness, on the 31st of March. She attended the International Congress of Nurses in Cologne.

We have the pleasure of having with us Miss Hunter, whom Miss Garner writes will represent the Australian nurses. As you will note by the following extract from Miss Garner's letter, the Australian Association has not yet been organized on a basis which will permit of actual representation in our International Congress. We hope, however, that at our next International Congress this difficulty will be overcome.



From Miss GARNER :—I should before now have acknowledged your letter of December 22nd. It is sad to think that the Congress which you had planned with such thought will be so sadly reduced in scope by the war. But the plans of practically the whole world have been changed by it, and one can only hope that it may not continue very much longer, though I fear there is not much at present to justify that hope. Naturally there will be few, if any, Australian nurses going to the Congress; all who can get away have gone to Europe to work in military hospitals. A very prominent member of our Association, Miss E. L. Hunter, is, however, at present in the States and has kindly acceded to the request of the Council that she should represent the Association at your meeting. Miss Hunter was for some years the matron of the Brisbane Hospital, and was one of those most instrumental in founding the Queensland Branch of the Association of which she was joint Honorary Secretary until her departure from Australia. I am sorry to say that nothing further has been done in the way of affiliating with the International Council. Our Council approved of affiliation, but owing to the fact that we cannot affiliate as an association, but must form a combined committee consisting of members of our Association and of the Victorian Association, matters are at a standstill. Our Council and the Council of the Victorian Association approved of an attempt to form such a committee, but distance and the fact that nurses cannot often get away from their work has prevented any such committee from becoming a fact, so we must be content with sending you an unofficial representative, without being actually affiliated. With best wishes for the success of your meeting.

I know that you will rejoice with me that we have the great privilege of having with us two delegates from England, Misses Hulme and Kent. Miss Kent is the duly accredited delegate of the National Council of Trained Nurses of Great Britain and Ireland to the Triennial Meeting of the International Council. She also represents THE BRITISH JOURNAL OF NURSING, the official organ of the National Council of Trained Nurses of Great Britain and Ireland. Miss Hulme and Miss Kent will present reports from England.

At a meeting which was held this morning, it was decided that the meeting in 1918 should be held in Denmark, that country being neutral and having extended an invitation, and it seemed an advisable place for our next meeting. The President chosen was Madame Henny Tscherning, who is very well known to our English nurses and also to those who have been in touch with international matters. Miss Breay, the Honorary Treasurer, and Miss Dock, Honorary Secretary, were re-elected.

(To be concluded.)

## HIGHLANDS AND ISLANDS MEDICAL SERVICE BOARD.

### SCHEME FOR GRANTS.

Schemes framed by the Highlands and Islands (Medical Service) Board providing for (A) grants to medical practitioners, (B) grants to district nursing associations, (C) grants to hospitals and for ambulance services, (D) grants towards the provision or improvement of houses for doctors and nurses, (E) grants towards specialised services, (F) grants towards telegraph and telephone facilities, have been approved by the Secretary for Scotland with the consent of the Treasury. The memoranda can be purchased (3d. each), either directly or through any bookseller, from H.M. Stationery Office, Scottish Branch, 23, Forth Street, Edinburgh, or from Wyman & Sons, 29, Breems Buildings, Fetter Lane, London. We publish Memorandum B, and that part of Memorandum D which specially refers to nurses.

### B.—GRANTS TO DISTRICT NURSING ASSOCIATIONS.

The Memorandum in regard to district nursing associations and as to the general conditions under which such associations will be eligible to participate in grants from the Highlands and Islands (Medical Service) Fund is as follows:—

The Board desire to call the attention of district nursing associations, county councils, public health authorities, parish councils, Secondary Education Committees, school boards, and other bodies and persons interested in nursing in the Highlands and Islands to the annexed statement of general conditions under which district nursing associations will be eligible to participate in grants from the Highlands and Islands (Medical Service) Fund.

The Board are of opinion that a well-organised nursing service is the natural corollary of any efficient medical service. They are, accordingly, prepared to treat in a liberal spirit all reasonable proposals for the maintenance or extension of the nursing service wherever anything like adequate local support is forthcoming. But they would view with concern any indication that the local efforts, on which this branch of the service has hitherto had to depend for its existence, were likely to be relaxed in anticipation of grants from the Board. The qualifications of nurses will always require careful scrutiny, having regard to the work which they will be called upon to perform. In most cases, the nurse should have had a training in midwifery sufficient to enable her to act in cases where the services of a doctor may not be available. In addition, an adequate general medical and surgical training will be necessary wherever the nurse is required to assist, in the domiciliary treatment of tuberculosis, in the treatment of diseases and defects of infants and school children, or in promoting among the people a knowledge of personal and household hygiene. The claims of island communities for the services of well qualified nurses, where the population is not sufficiently large to warrant the appointment of



resident medical practitioners, will receive sympathetic consideration. Nurses have already been sent with the help of the Board, and on a temporary footing, to some of the more remote islands, and these provisional arrangements will now fall to be incorporated on a more permanent basis in the general nursing schemes of the Board. The Board will endeavour to utilise to the full the existing nursing organisations, and the services of nurses in the employment of such organisations. There should be in every parish, or group of parishes, a nursing association to act as the managers of the local nursing scheme, to keep alive local interest, and, generally, to see that the nurse duly performs her duties under the direction of the medical practitioner. Larger nursing associations on a county or other basis would serve a most useful purpose in the matter of organisation. By helping to form new nursing areas, or to rearrange existing ones where necessary, and by maintaining a sufficient number of relief nurses, or nurses specially qualified for emergency work, such associations would materially assist the Board in the development of an efficient nursing system throughout their area.

With a view to providing for a more effective general nursing service the Board will endeavour to arrange that the services of nurses employed or subsidised by them, whether directly or through nursing associations, or otherwise, shall be made available to county councils, public health authorities, Secondary Education Committees, school boards, and parish councils in respect of cases for which these bodies may desire the services of a nurse or for whose nursing they may be responsible.

Proper housing accommodation for nurses is a matter to which the Board attach much importance, and they will be prepared to consider the question of providing, or of giving assistance towards providing, houses for nurses in suitable cases. But, in view of the fact that the number of nurses employed in the Highlands and Islands will be considerably increased as the result of the Board's grants, they think that wherever fairly convenient houses can be rented, or suitable lodgings can be procured, the question of the erection of houses should be deferred till any necessary readjustment of districts has been effected, and until experience has shown where the nurse should be stationed for her own convenience and for the convenience of those to whom she will give attendance.

*General Conditions under which District Nursing Associations will be eligible to Participate in Grants from the Highlands and Islands (Medical Service) Fund.*

1. The Highlands and Islands Medical Service Board must be satisfied as to:

(a) The constitution, organisation, and management of the Association.

(b) The need for assistance from the Fund, regard being had to the circumstances of the district.

(c) The maintenance of a reasonable local contribution towards the expenditure.

(d) The accounts of the Association.

(e) The efficiency of the nursing service, including arrangements for the supervision of the nurse's work by a duly qualified medical practitioner.

(f) The terms on which nurses are made available for nursing services to the various classes of the community.

2. The Association must, within its present area or such other area as may be arranged, undertake responsibility for the employment, housing, payment of salaries and travelling and other expenses of the nurses, and for the provision of substitutes for them during their absence on holiday or on account of illness.

3. The Association must submit for the approval of the Board a statement of the qualifications of all nurses before their appointment, and a copy of the rules under which they work.

4. The nurses must reside at the centres deemed to be most suitable for the work of their respective districts.

5. The Association must arrange that its nurses shall be prepared to act under the direction of the local medical practitioner, and, in so far as they are qualified and if required by the Board to do so, in the treatment of diseases and defects in school children as disclosed by the system of school medical inspection, in the domiciliary treatment of tuberculosis, the domiciliary nursing of infectious diseases, in maternity and general medical and surgical nursing, and in the nursing of the registered sick poor and old age pensioners:

Provided that where a district nurse is employed in nursing a case of infectious disease treated at home, arrangements shall be made for relieving her of her ordinary duties while she is so engaged if, in the opinion of the doctor in attendance, such an arrangement is necessary in the interests of the community.

6. The Association must keep accounts showing particulars of income from all sources and of expenditure, and, at the beginning of each year or on such date as may be arranged, it must submit to the Board a statement of its accounts for the past year and an estimate, on a form to be supplied by the Board, of its income from all sources and of its proposed expenditure, including any necessary expenses of management.

N.B.—The foregoing regulations are intended to apply mainly to existing nursing associations organised on the basis of a parish or group of parishes and employing, as a rule, one or two nurses, and to new associations formed on a similar basis. Schemes proposed by nursing associations on a larger basis, such as that of a county or district of a county, will be considered individually by the Board.

#### D.—GRANTS TOWARDS THE PROVISION OR IMPROVEMENT OF HOUSES FOR DOCTORS AND NURSES.

*Scheme providing for the General Conditions under which Grants will be payable from the Highlands and Islands (Medical Service) Fund towards*

*the Provision or Improvement of Houses for Doctors and Nurses.*

1. The Board regard the provision and improvement of houses for doctors and nurses as a matter of much importance, and they are prepared to consider applications for grants from the Fund so far as practicable for this purpose.

2. In Section 3 (3) of the Highlands and Islands (Medical Service) Grant Act, 1913, it is provided that—Where under any such scheme any money is to be applied by a local authority for any purpose, that authority shall have all such powers for the purpose as the scheme may provide, and, if the scheme so provides, any powers vested in a local authority of acquiring land, or erecting buildings, or borrowing on the security of any rate for any purpose, shall be extended so as to include the purposes of the scheme, and any Act conferring any such power shall be construed accordingly.

3. The Board will, as a rule, proceed in this matter through the agency of the parish council, and where a suitable scheme can be arranged they will be prepared to submit for the approval of the Secretary for Scotland and the Treasury a special scheme extending the powers of the parish council under Section 3 (3) of the Act.

4. On any application for a grant, the Board must be satisfied that the provision or improvement of a house for a doctor is a necessary part of a scheme for the improvement of the medical service of the district, and that a suitable house in a convenient situation is not available.

9. The Board will be ready to deal in like manner with applications from parish councils or other local bodies or persons for assistance towards the provision or improvement of houses for nurses at suitable centres, and, so far as the funds at their disposal will permit, they are prepared to contribute towards suitable proposals. In this connection reference should be made to the scheme providing for the general conditions under which district nursing associations will be eligible to participate in grants from the Fund.

10. The Board will not be in a position to consider the question of a grant towards improvements in houses for either doctors or nurses which are private property unless suitable conditions as to lease and subsequent upkeep can be arranged.

### THE PASSING BELL.

We greatly regret to record the death of Miss Vivien Bury, at a Nursing Home in London, from enteric fever, contracted while on duty in Serbia, with one of Mrs. St. Clair Stobart's units. Miss Bury was trained at the Royal Sussex County Hospital, and afterwards worked at a Nursing Home in London, where she was beloved both by her patients and fellow workers. She sailed for Serbia on Easter Day and returned this month. She died on the 16th, to the regret of all who knew her.

## APPOINTMENTS.

### MATRON.

**Staffordshire General Hospital, Stafford.**—Miss Edith Emily Parker has been appointed Matron. She was trained at the Blackburn and East Lancashire General Infirmary, and has been Theatre Sister at the West Norfolk and Lynn Hospital, Theatre Sister and Deputy Matron at the Staffordshire General Infirmary, Home Sister and Deputy Matron at the Royal National Hospital for Chest Diseases, Ventnor, Isle of Wight, Holiday Matron at the Borough Hospital, Dunstable, and Matron of the Swanage Cottage Hospital.

**Dublin Castle Red Cross Hospital, Dublin.**—Miss E. W. Taylor has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and has held the position of Sister, Night Sister, and Assistant Matron at the Adelaide Hospital, Dublin, and Lady Superintendent of the Royal National Hospital for Consumption, Newcastle, Co. Wicklow, an appointment she has, by permission, temporarily vacated to assume the duties of Matron of the Dublin Red Cross Hospital.

**Cottage Hospital, Marlow.**—Miss Ruth Schilling has been appointed Nurse-Matron. She was trained at the Bethnal Green Infirmary, and subsequently had six years' experience in connection with a Nursing Home at Southampton, and two years as Ward Sister at Isleworth Infirmary. She mobilized for War Service at the 5th Southern Hospital, Portsmouth, and later was a member of the staff of the 5th Northern General Hospital, Leicester.

### SISTER-IN-CHARGE.

**Royal Hospital for Sick Children, Muirfield House, Gullane, N.B.**—Miss Frances Smith has been appointed Sister-in-Charge. She was trained at the Stockport Infirmary, and has held the position of Sister at the District Infirmary and Children's Hospital, Ashton-under-Lyne, Out-patient Sister at the Royal Hospital for Sick Children, Edinburgh, and Theatre Sister at the McAlpin Nursing Home, Glasgow.

### QUEEN VICTORIA'S JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Miss Margaret A. Hodgson is appointed to Burnley as Superintendent. Miss Hodgson received General Training at the General Hospital, Bristol, Midwifery Training at Manchester Maternity Hospital, and District Training at Gateshead. She has since held several appointments under the Institute including that of Acting temporary Superintendent, Burnley.

Miss Isabel E. Bennett is appointed to Harrogate, Miss Mary K. Colquhoun to Rotherhithe, Miss Elizabeth H. Hore to Belvedere and Abbeywood, Miss Sarah A. Morris to Lincoln C.N.A. as Home Sister, Miss Rose A. Ward to Rotherhithe.

## NURSING ECHOES.

The annual report of the Colonial Nursing Association, which is an interesting record of much useful work—affording an illustration of the share the nurses of the Association are taking in the care of the sick and wounded, in addition to their usual duties—claims that this "brief account of the manifold activities of the nurses of the C.N.A. should be of greatest interest to the public at large, and must undoubtedly bring feelings of relief and thankfulness to those of us who have kith and kin in far-off corners of this vast Empire. At home the trained nurse is a *necessity* and is recognised as such. Abroad, until this Association commenced its work nearly twenty years ago, she was an unattainable luxury, and heartbreaking loss and sorrow were the result. The funds for maintaining this most vital work and increasing the scope of action have inevitably suffered during the past year of national stress and strain, and while returning grateful thanks to those subscribers whose steady help still abides with us, the Executive Committee feel that as soon as a convenient moment has arrived a leap forward must be attempted, if this beneficial work is not to be seriously hampered or curtailed by loss of income. When this moment arrives the Committee feel sure that they will be able to rely on the self-sacrificing response of 'the stayers at home' to an appeal for help for what was so justly described some years ago by the Government of the Federated Malay States as 'an institution formed to ameliorate the conditions of life in distant parts of the Empire.'"

At Tuesday's meeting of the Kingston Board of Guardians the Chairman, Mr. T. Lyne, J.P., alluded to the sad death of Miss McAllister, the late Assistant Matron of the Infirmary, who was killed in the recent accident to the Irish express. He said she was a valued official, and endeared herself to all who knew her. The Board agreed to send a letter of sympathy to her relatives. Mrs. Paston Brown, who was for some years Chairman of the Board of Guardians, wrote expressing regret that illness prevented her attendance. She regretted this the more as she would be unable to join in the vote of sympathy with the relatives of the late Assistant Matron, Miss McAllister, whose tragic end they all deplored.

The Mayor of Newport (Isle of Wight) presided at the annual meeting of the Newport District Nursing Society, when a very satis-

factory report was presented by Mr. James Eldridge. It stated that Nurse Robertson had attended the sick poor as usual, giving satisfaction to the Committee and patients. She had had 158 new cases, besides seven carried over from the previous year. Of these fourteen died, one was removed to the Royal I.W. County Hospital, and two to the Workhouse Infirmary, leaving 148 who recovered or were relieved, and seven cases still on the books. Nurse Robertson, who had paid 5,054 visits during the year, would complete her sixteenth year with the Society in November, and she was now on her well-earned holiday. The nurse was engaged to attend the sick poor, and a small charge was made for those who could afford it. Nurse Kneebone took up the duties of maternity nurse on September 1st, and had 90 cases; Nurse Gabbett, who acted till she came, had ten cases, and Nurse Russell, who came in place of the former, had 30 cases, a total of 130 cases for the year. Nurse Russell had only been a short time with the Society, but had proved capable in her work, and was liked by her patients. Nurse Gabbett had taken the school clinic and holiday work, had helped both the other nurses when required, and had had nineteen private cases, and her work was appreciated by both committee and patients.

It must be gratifying to the Committee of the Turriff Nursing Association that Miss Peterkin, the Superintendent of Queen's Nurses for Scotland, who has visited Turriff twice during the year, says of Nurse Smith:—"The work seen with Nurse Smith was done in a thoroughly satisfactory way. Her manner with patients was kind, pleasant, and tactful, her nursing technique was very good, and she did everything in a sensible, capable manner." This report by her superior officer will be appreciated by Nurse Smith. The praise is that of an expert.

The popularity of Miss Mary Warren, the district nurse of Dunvant and Killay, was evidenced at the Dunvant Parish Hall on Saturday evening, when she was made the recipient of a purse of gold and combined dressing and writing case on the occasion of her leaving the neighbourhood. The Rev. J. H. Davies occupied the chair, and Mrs. M. B. Williams (Killay), who made the presentation, said that Nurse Warren had endeared herself to a host of friends during her two years' stay in the neighbourhood, and the association was very sorry to lose her services. She wished her every success in her new sphere of labour.

## AN IMPORTANT CASE.

The claim made by a member of the Trained Women Nurses' Friendly Society for the payment of sick benefit after the termination of an illness extending over more than six months, and when she had been back on duty for a period of some weeks is of interest to all societies under the National Insurance Act.

The Committee, after considering the claim of the member, came to the conclusion that it was one it had no right to pay.

The member had given no notice to the Society of her illness, and while they did not question the fact of the illness, they held that they were not authorized under the Act to pay a claim when the claimant had not conformed to the rules under which she was entitled to sick benefit, and when moreover, the need for such benefit had ceased.

The member appealed against this decision to the National Insurance Commissioners—a course in which she was obviously very badly advised, and the case after having been considered by them was dismissed.

The general interest and importance of the case lie in the proof afforded that the Committee was correct when it held that its powers were limited to administering Sick Benefit in conformity with the Act, and secondly, because no Society can have any financial security if claims covering a period of six months can be sprung upon it by any member, at any time, without previous notice.

## OUR NATIONAL COUNCIL DELEGATES.

From Skagway, Alaska, comes a copy of the *Daily Alaskan*, containing a notice of "two prominent Englishwomen"—Miss Hulme and Miss Kent, Delegates of the National Council of Trained Nurses of Great Britain and Ireland to the San Francisco Convention. Our contemporary says: "They are both very charming ladies to meet. They greatly regret their inability to make a long stay in Skagway, which meets their enthusiastic approval in every particular—its beautiful location, the magnificence of the scenery in its vicinity, and the ideal weather they have encountered all along their journey up the coast by the Inland Passage."

Miss Kent, in a further letter, speaks of this passage, as "never to be forgotten for beauty and loveliness. The steamer, which was very comfortable, took us through all the islands on the coast of British Columbia on the one side, and the Island of Vancouver (which is about the size of Great Britain), and countless islands beyond it on the other—mountainous, wooded and snow-capped. We went right up to Skagway—the threshold of the Yukon and gold country—a country full of romance, beauty and wonder."

## NATIONAL UNION OF TRAINED NURSES.

The "N.U.T.N. Calendar" for 1916 will be ready shortly. Price, 1s.; post, 1d. The Secretary will be glad to receive orders as soon as possible, so as to make arrangements with printer.

## BOOK OF THE WEEK.

## "PATRICIA."

"Patricia," by the Hon. Mrs. Robert Hamilton (Edith Henrietta Fowler), is an interesting and amusing study of life in a country village.

"Fitzpatrick Vaughan and his sister Patricia were the children of a brilliant and distinguished man of letters"; we are introduced to them within an hour of their father's death.

"Possessing all the charm and sparkle of Irish descent, and some other qualities also for which that race is proverbial, Edward Vaughan won for himself not only a place in the journalistic and literary inner circle, and in the appreciation of the most carping of critics, but also in the affections of his public. His touch was so human, his wit so understanding, his humour so delightful and reviving, that his readers felt for him that bond of brotherhood which springs from sympathy; and it was with a sense of personal loss that most reading men laid down the paper which announced the death that thirteenth day of March of Edward Vaughan.

"He married early in life the typical wild Irish girl of fiction—the daughter of a penniless Irish peer—and for a very few, brief years they honeymooned in Ireland, and played at life in London, and adored the quaint reality of a baby son, and built their castles in the air, and dwelt in them, with all the glad exuberance of youth, and Irish youth at that. And then a little daughter came, and with a tragic suddenness the light went out. The baby must be Irish born, and the spot was romantic, and the artistic setting perfect, and such disturbing worries as good sanitation, analysed water, and competent doctors had never crossed their minds. But all the same they had to be reckoned with, and the young wife's life was the price."

To his children Edward Vaughan was a pleasant friend.

"He was glad that his boy was sea-struck—the boy with the Irish eyes, and the name of his mother's race of men. Of his daughter Patricia he was immensely proud. Her rather weird, delicate beauty pleased his taste, and her ready tongue and quick wits were daily delights to him. She was artistic to her finger-tips, and with her pen possessed the power of portraiture and discriminating criticism which heredity had bequeathed her."

Edward Vaughan and his half brother (the Rector of Lynfield), sons of a country squire, who each resembled his respective mother, rarely met. "The clergyman thought Edward of the world worldly, and Edward thought George of the Church churchy."

The George Vaughans, two large, ungainly, good-natured people, arrived for the funeral.

"Did my brother say anything that indicated he was aware of his impending decease?" asked Uncle George in the early watches of that never-ending afternoon.

"Yes," replied Fitz briefly, "he knew right enough."



" 'Might I ask for a repetition of his words? Last words are valuable.'"

"He said—to be absolutely accurate"—replied Fitz, 'Doctor, the little girl in the house opposite is to be married on Thursday; don't let my funeral spoil her show!' so that is why we are waiting till Friday."

The George Vaughans' visit was not a success. Kind-hearted and conventional, "they thought the young people heartless and flippant. They could not understand Patricia's dry and tearless eyes all the day of the funeral when she ought to have been sobbing into a black-bordered pocket handkerchief," while the atmosphere of the house in Princes Gate stifled them.

We leave our readers to acquaint themselves with Patricia's adventures when she went to live with the George Vaughans and their two daughters. Instinctively she crossed swords with Lady Muirfield, the great lady of the village, to whom the Rectory did obeisance, and she nearly wrecked her chance of happiness by her unjustifiable use, in her brilliant life of her father, of material never intended for publication. But all's well that ends well, and the book ends to the tune of marriage bells, though the wedding was not between Patricia and the heir of the house of Muirfield.

P. G. Y.

### TO THE LITTLE BLUE MOTHERS.

#### A TRIBUTE.

O! Little Blue Mothers, so tender and true,  
Who toil all the day and watch the night thro',  
Allaying our ills and assuaging our pain,

We tender our homage, we cannot refrain.

O! Little Blue Mothers, forsaking the world,  
In your hearts you've the flag of compassion  
unfurled,

You've discovered the secret that cometh from God,  
You follow the footprints the angels have trod.

O! Little Blue Mothers, like the Bluebells in  
spring,

That carpet our mountains when thrushes  
first sing,

Like the message of springtime, you give us fresh  
hope,

And courage, new courage with illness to cope.

O! Little Blue Mothers, tho' none may discern  
How soon we go hence and may never return,  
When we waken from terror of needle and knife,

To your vigilant keeping we look for our life.

O! Little Blue Mothers, so tender and true,  
Who toil all the day and watch the night thro',  
Like the lilies of Easter, as pure as the snow,

Our souls will remember, tho' our bodies may go.

O! Little Blue Mothers, we cannot refrain,

We tender our homage again and again.

#### A STRIKEN MOUNTAINEER.

Written by a patient of Miss Llewellys F. Barker, a graduate of the Johns Hopkins' Training School, Baltimore, U.S.A., and sent by her to its *Alumnae Magazine*.

## LETTER TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### THE SPIRIT OF RESPONSIBILITY.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—Unfortunately, I was too busy to reply sooner to "Conscience's" strictures on my letter.

Let me say at once that I think her answer to my question is no answer at all. I asked, "Is the spirit of responsibility deteriorating in the trained nurse of to-day, and if so, why?" and I pointed out my reasons for thinking that it is, chiefly owing to nurses' lack of conscientiousness and lack of interest in their proper work. "Conscience" seems to think that a nurse's lack of interest in her work is compensated by her abundant interest in her surroundings. I fancy few thinking persons will agree with her. And it is surely no answer to my question, whether the spirit of responsibility is deteriorating, to say that "the doctrine of non-responsibility may be carried too far." That is exactly my contention—that it is carried much too far.

The instances which she gives have really nothing to do with the question. There are ways of bringing such exceptional cases to book and having the abuses put an end to. So I must still wait for a serious answer to my letter.

Yours faithfully,

A TRAINED NURSE.

### NOTICE.

Mrs. Bedford Fenwick will interview candidates for the French Flag Nursing Corps at 431, Oxford Street, early in September. The date and time will be announced in these columns.

### OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

### OUR PRIZE COMPETITIONS.

September 4th.—How would you combat the danger of fly infection, (1) in relation to milk, (2) in relation to the spread of disease?

September 11th.—What precautions would you take to prevent the spread of enteric fever in a house where a case has occurred? In what various ways may the patient have contracted the disease?

# The Midwife.

## THE CENTRAL MIDWIVES BOARD.

### AUGUST EXAMINATION.

At the examination of the Central Midwives Board, held in London, Birmingham, Bristol and Liverpool, on August 4th, 1915, 330 candidates were examined, and 272 passed the examiners. The percentage of failures was 17.6.

### LIST OF SUCCESSFUL CANDIDATES.

#### LONDON.

*City of London Lying-in Hospital.*—M. T. Butler, H. G. Campkin, L. G. Castleton, J. A. Harrison, L. Loveridge, E. J. Mogg, A. M. Newitt, E. A. Rushworth, A. M. Suckling, H. A. White.

*Clapham Maternity Hospital.*—F. Barrow, D. M. Cooke, D. Marriott, N. Miles, A. M. Smith, E. Stevens.

*East End Mothers' Home.* G. L. Baldock, M. Cunningham, E. M. Harrington, N. Kerrell, E. M. W. Mostyn, E. E. Pentelow, G. M. Shiner.

*General Lying-in Hospital.*—M. Baker, H. O. Caton, E. Cooper, M. A. Davies, J. A. Fowler, A. Gotto, W. M. B. Gresham, W. L. Holbrook, F. M. Hovey, V. G. Jaques, M. Jones, E. Langlois, C. A. Longhurst, M. C. Macintyre, A. M. Maunder, K. Morrison, M. E. Noake, H. Nock, N. C. Pakenham-Walsh, I. Partridge, L. M. A. Phillips, K. Santler, K. O. Smith, V. P. Spanner, J. M. Spence, A. Stiles, G. C. Thomas, E. L. Williamson, M. R. Wilson, L. I. Wright.

*Greenwich Union Infirmary.*—A. M. L. Ingram. *Guy's Institution.*—E. F. Bowdler, M. D. Freshney, G. Jenkins, E. A. Johnson, A. M. Lithgow, E. Raven, M. H. Self.

*London Hospital.*—E. Barwise, V. Brocklebank, A. H. Dear, J. M. Morley, E. Reynolds, A. S. Syrett, E. M. Williams.

*Maternity Nursing Association.*—I. L. Cash, B. H. Hawkins, D. A. Oliver, P. C. Quelch, F. K. Taylor, K. White.

*Middlesex Hospital.*—A. E. Farrar, E. M. Towell.

*New Hospital for Women.*—P. A. Freeman, B. Turner.

*Plaistow Maternity Charity.*—C. Ambrose, E. A. Anderson, E. J. Baldwin, M. L. Beckett, M. L. Bracey, M. O. Brooks, V. H. M. Davis, V. Dorsett, M. Duffell, M. Edwards, J. M. Francis, E. A. Gridley, E. Jones, A. R. Kelley, H. S. S. King, E. E. Lee, E. Pattison, G. E. Rix, J. E. Rowe, L. Rowe, A. K. Smith, R. M. Spiers, E. J. Taylor, D. F. Watts, S. D. Williams.

*Queen Charlotte's Hospital.*—A. B. Belyea, A. S. Bentley, A. M. J. Boulger, M. Burrows, G. D. Culme, C. Eyden, M. Fleetwood, B. E. G. Fraser, E. G. Griffiths, A. M. Hartshorne, M. B. Hopkinson, R. Jekyll, H. S. Matthews, M. L.

Morton, F. H. Phillips, A. L. Pink, M. E. Price, A. E. Radford, E. Taylor, M. E. Taylor, B. E. Whittingham.

*Salvation Army Mothers' Hospital.*—S. F. Bannister, A. F. Dragon.

*Salvation Army Mothers' Hospital and Hackney Union Infirmary.*—E. Ayres, E. M. Brant, E. E. Fitches, S. C. Köhler, L. I. Lobb, M. Melville, L. Norton, A. Panting, F. Roberts, E. M. M. Seagrave, A. Smith, M. Williamson.

*St. Bartholomew's Hospital.*—E. A. Hall.

*St. Marylebone Workhouse Infirmary.*—C. A. Pittman.

*St. Thomas' Hospital.*—N. V. M. Jones.

*University College Hospital.*—J. M. Kirby, M. W. Ross, A. M. Thieme.

*Wandsworth Union Workhouse.*—M. Travers.

*West Ham Workhouse.*—R. E. Hannant, R. M. Vervard.

#### PROVINCES.

*Aston Union Workhouse.*—M. C. Williams.

*Birkenhead Maternity Hospital.*—E. Horne.

*Birmingham Maternity Hospital.*—C. L. Goodwin, A. Hale, A. Oates, N. Parslow, M. Rees, D. J. Turnbull, S. C. G. Webley.

*Birmingham Workhouse Infirmary.*—A. Snell.

*Brighton Hospital for Women.*—M. J. Clarke, A. K. L. Conderdine, A. E. Hobson, H. Hope, D. Present.

*Bristol General Hospital.*—A. H. L. Clarke, M. J. Porter.

*Bristol Royal Infirmary.*—W. Phillips, E. G. Trim, H. G. Williams.

*Cheltenham District Nursing Association.*—E. Bowyer, H. M. Lewis, M. E. Veacock.

*Christchurch Union Infirmary.*—D. H. A. Fisher.

*Croydon Union Infirmary.*—D. M. Huggins.

*Derby Royal Derby Nursing Association.*—A. Ball, E. Bullivant.

*Devon and Cornwall Training School.*—F. Berryman, L. Hocking, E. Prideaux, E. A. Tranter, A. Warn.

*Devonport Military Families' Hospital.*—S. Ascott.

*Eastbourne Workhouse Infirmary.*—L. T. Steele.

*Essex County Cottage Nursing Society.*—E. Chiddy.

*Gloucester District Nursing Society.*—H. A. Chitty.

*Leicester Union Infirmary.*—M. Sketchley, B. S. Young.

*Liverpool Maternity Hospital.*—S. Bate, E. Bradley, A. L. Munro, C. E. Rollins, J. Tallis, E. Taylor.

*Manchester St. Mary's Hospitals.*—B. Hindley.

*Nottingham Workhouse Infirmary.*—E. M. Brooke, E. G. Ellis, F. Mason, J. Parton, L. Tudor.

*Portsmouth Workhouse Infirmary.*—E. L. Tostevin.

*Selly Oak Union Infirmary.*—M. Farquhar.

*Sheffield, Jessop Hospital.*—M. A. Harrison, E. B. Keyworth, M. M. Maxwell, A. Smallwood.  
*Shorncliffe, Helena Hospital.*—A. C. M. Kavanagh, E. E. Riches.  
*Wolverhampton District Nurses' Home.*—C. P. Smith.  
*Worcester County Nursing Association.*—F. F. Cammack, J. H. Eastman, R. E. Holt.  
*York Maternity Hospital.*—B. L. M. Boddington, L. S. Harris.

## WALES.

*Cardiff Q.T.J.N.I.*—E. C. Griffiths, E. Tatham, M. Thomas.

## SCOTLAND.

*Aberdeen Maternity Hospital.*—E. A. A. Spark.  
*Dundee Maternity Hospital.*—F. L. Ockelford, E. C. Pearce.  
*Edinburgh Royal Maternity Hospital.*—L. R. Gray.

## IRELAND.

*Belfast Incorporated Maternity Hospital.*—E. Sinclair.

## PRIVATE TUITION.

M. A. Booth, M. H. Brown, L. M. E. Charlton, M. Connell, G. Davis, P. E. Z. Drake, M. J. Edwards, H. M. Ewan, H. D. Gray, E. Harris, E. E. G. Hart, E. Jenkins, E. A. Jenkins, H. M. Johnson, N. B. A. Jones, J. M. McKirdy, N. L. Marsden, M. E. Maulesley, F. E. Miles, E. A. Moss, E. A. Murphy, M. Nisbet, E. Powell, B. Rice, H. E. Richards, G. Stone, C. E. Suffield, M. M. Thomas, A. H. Townsend, A. Trimble, M. L. R. Tucker, J. Walters, J. Barton.

## PRIVATE TUITION AND INSTITUTIONS.

*General Lying-in Hospital.*—R. E. Abraham, L. Andrews, E. Oram, V. Scriven, R. P. Thompson.  
*Kensington Union Infirmary.*—G. W. Aston, G. A. Dobson, E. R. Ellis, M. Jones, B. H. J. Mulch, G. L. Page.  
*Liverpool Maternity Hospital.*—S. Case.  
*Manchester, St. Mary's Hospitals.*—J. Rigby.  
*Maternity Nursing Association.*—M. E. Hanley.  
*New Hospital for Women.*—A. Waters.  
*Nottingham Workhouse Infirmary.*—M. Palmer.  
*Northamptonshire Nursing Association.*—E. M. Anstee.  
*Kingswood Nurses' Home.*—C. W. Baker, E. Biggs, I. M. E. Wells.

## THE NEXT EXAMINATION.

The next examination of the Central Midwives Board will be held in London, Birmingham, Bristol, Leeds, Manchester, and Newcastle-on-Tyne on October 25th next, and the subsequent one in London, Birmingham, Bristol and Liverpool on December 15th. The Oral Examination follows a few days later in each case.

The Examination is now held alternately in Manchester and Liverpool. Thus the examinations after October will be in Liverpool on December 15th, 1915, April 10th, and August 2nd, 1916, and in Manchester on February 15th and June 10th, 1915.

## THE WASTE OF INFANT LIFE.

The present season of the year is always one in which the line of infant mortality takes an upward curve. This year it is accompanied by a steady decline in the birth-rate, which is disquieting when we consider the ravages made by the war and the necessity for preserving every life whether of future men, or of the mothers of future men.

And setting aside statistics, and the nation's needs, midwives will consider also the rights of the individual child. For the babies whom they receive, care for and place in their mothers' arms will not range themselves in rows of statistics but as individual, appealing human atoms, claiming that they shall have the opportunity of fulfilling their destiny. That is what the babies mean to the true midwife, and she puts forth all the powers of which she is capable to help them to do so.

The birthright of every child who comes into the world is health and happiness, and we are very far from that ideal, but probably no classes have helped to bring it about more than the midwives and trained nurses of this country, and we may hope that when the effect of the Notification of Births Amendment Act begins to be felt that we shall get appreciably nearer this ideal, as the babies under school age, and their mothers, come under the influence of skilled workers.

## THE DUBLIN MATERNITY HOSPITALS.

In their annual report on those Dublin Hospitals which receive grants from Parliament, the Board of Superintendence specially report as follows:—

## ROTUNDA LYING-IN HOSPITAL.

The lying-in hospitals of Dublin are famous all the world over. There is now established in them an excellent routine which works with the most admirable results. Cleanliness and method are not strong points in Ireland, but in our lying-in hospitals they reign supreme. When one considers the number of students and midwives which these institutions train and turn out annually, one can appreciate how much the country owes them. At our inspection every corner of this hospital was found clean. In every ward were clean and happy mothers and babies.

## THE COOMBE LYING-IN HOSPITAL.

What we have said of the method and cleanliness and the good work, professional and educational, of the Rotunda Hospital applies equally to this. It has advanced by leaps and bounds during the last seven or eight years. It wanted money, and somehow it got it—not all it desired and deserves—through the agency of those connected with it. Our inspection, which was very complete, showed us everything in good order and working smoothly. We have only two words to say to those connected with it—"Go on."

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### OUR DUTY TO OUR ALLIES.

One of the ways in which Great Britain can give assistance to her Allies, because, by her geographical position, she is necessarily more remote from the War Zone than the other belligerents, is in the equipment of hospitals, hospital trains, and ambulances, upon which the saving of life, and diminution of suffering, and the efficiency of the armies so largely depends. To show that this country realizes her obligations and privileges in this respect, we may take a brief survey of some of the projects just now before the public.

First there is the scheme warmly supported by the British Ambassador at Petrograd for a British Hospital of 200 beds for Russia, a scheme which has the patronage of Queen Alexandra. Sir George Buchanan expressly states that he is authorized by the Russian Red Cross to say it is not so much the money but the equipment and personnel of a hospital that is wanted, and that the Red Cross will do its best to provide suitable premises.

It is also stated that one of the greatest needs of Russia is for motor ambulances, and the British Ambassador at Petrograd has appealed to the Royal Automobile Club to institute a fund for the supply of convoys of ambulances to which it has readily agreed.

Sir Arthur Stanley, Chairman of the Club, points out that Russia has played such a great and noble part in the war that we owe her this mark of our sympathy and gratitude. She has had to face single-handed the united armies of Germany and Austro-Hungary along a front extending from the Baltic to Bessarabia, and she has over and over again taken the offensive in order to relieve the pressure in the West.

Again, under the British Red Cross Society, and with the support of the British

Committee in Aid of the Italian Wounded, a unit of 20 ambulances has been despatched to Italy to work between the railhead and the trenches, travelling by road through France, and across the Alps to Turin.

Lord Gladstone is chairman of a committee formed to collect and administer a fund to be called "The South African Hospital and Comforts Fund" to supply hospital accommodation, either at home, or in France, for the South African contingent, which though so recently landed has already received substantial support.

A complete hospital unit, with the name of "The British Women's Hospital," is being organized by the Actresses' League, which it is hoped to offer to the French Government.

The needs of the Belgian wounded have appealed strongly to the Unitarian body in the north which recently sent a deputation to Belgium to report on the conditions.

This delegation reports that "Nowhere is there any sign of luxuries or even of the ordinary hospital comforts which we provide for our own men." Those Belgians are the luckiest who find themselves in hospitals in religious houses. It was found for instance in one religious house that the sisters had no beds and were sleeping on the floor. They said they had given their beds to the soldiers. Beds were sent from England for them, but on the next visit the sisters were still found to be sleeping on the floor. More wounded men had come in, and they had again given up their beds to them.

Lastly we may mention that as a consequence of the visit of Sir Robert Borden to France the Canadian Dominion Government has decided to provide a hospital near Paris for wounded French soldiers.

These are but a few of the evidences that this country and her Dominions are endeavouring to discharge the duties which the burden of the War has laid upon them.



## OUR PRIZE COMPETITION.

HOW WOULD YOU COMBAT THE DANGER OF FLY INFECTION: (1) IN RELATION TO MILK; (2) IN RELATION TO THE SPREAD OF DISEASE?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, City of Westminster Infirmary, Colindale Avenue, Hendon, N.W.

### PRIZE PAPER.

The common housefly is possibly the greatest carrier of infection, and, owing to its enormous numbers, is very difficult to combat.

#### IN RELATION TO MILK.

In order to prevent milk becoming contaminated by these pests the most essential thing is cleanliness. How often one sees a score or more flies on a dirty saucer or cup which has at some previous time contained milk, and is left unwashed.

By cleanliness one does not mean just the washing up of a vessel, and perhaps wiping dry with a cloth which may be not very clean, but surgical cleanliness is necessary. The very first vessel which is to take the milk from the cow should have been previously scalded and turned upside down to drain, not washed and wiped with cloths, and immediately it is used it should be covered up to prevent any of these pests reaching it; if this practice were carried out freely, and every vessel well washed and scalded, and immediately covered at use, very much less disease would be prevalent.

Milk, of course, needs to be placed in a cool place, and an ice cupboard is as good a place as any for its storage, and not to be closed down in cans, but just covered with muslin or a mesh is quite sufficient.

#### IN RELATION TO THE SPREAD OF DISEASE.

Dustbins should on no account be kept near a safe or food larder, as they provide a home for flies, and are swarming with their eggs, many hundreds being laid there each day for incubation. This also points to the necessity of keeping these covered. Manure lying about a farmyard is covered with flies very speedily, and how often they may come straight from this refuse to our food, bringing with them micro-organisms of many diseases. For instance, tetanus and malignant œdema germs are almost always present in the manure of the horse; wounds are frequently infected by this microbe, especially on the battlefield, and this can very easily be understood, as any sore left uncovered is very attractive to flies. Therefore to combat this all excreta should as speedily as possible be disinfected, or, better still, burnt.

Typhoid fever may be spread by flies contaminated by infected human excreta. The least thing used by a patient and left uncovered attracts flies, and the disease is rapidly spread; therefore it is most essential that all crockery, linen (bed and body), &c., be immediately disinfected, as well as all excreta.

Contamination of milk by flies plays an important part in infantile diarrhoea, which plays such havoc with children during the summer months of each year. Further disease, such as anthrax, smallpox, and, in fact, almost all diseases, can be spread by flies, and one cannot but recommend the sterilisation of milk as well as the above precautions, and the thorough disinfection of everything used by the patient in illness, including lavatories and bathrooms.

Food and drink, &c., should never be left about uncovered.

The common flypapers often used are not very successful, as they fall about anywhere and are anything but clean. The only really efficacious way of dealing with the fly peril is to prevent the development of this pest.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine, Miss M. Mackintosh, Miss P. Thompson, Miss M. Elston.

It will be noted that Miss Ballard argues that as dustbins are some of the places most favoured by flies for laying their eggs, they should be kept covered.

Miss Dora Vine argues in the exactly opposite sense, and the view she expresses finds favour with scientists at the present time. Miss Vine writes:—Dustbins are the favourite fly nurseries. Knowing this, the best plan is to use a little strategy. Leave the dustbin open: the flies are only too glad to enter and deposit their eggs. Then comes Nemesis, and the contents of the dustbin—flies' eggs and all—are destroyed. If everybody followed this plan, the common housefly would soon join the ranks of rare insects. People who live in flats should put their waste (scraps, &c.) into paper bags, leaving them open to catch the flies, and then burning the whole.

It should be remembered that flies cannot live without food, and that their particular fancy is dirt of all kinds; therefore all rubbish, manure, &c., must be most carefully disposed of.

#### QUESTION FOR NEXT WEEK.

What precautions would you take to prevent the spread of enteric fever in a house where a case has occurred? In what various ways may the patient have contracted the disease?

## A PRACTICAL INDOOR UNIFORM FOR WAR NURSING.

By Miss EDITH GREGORY,

*Supervisor, French Flag Nursing Corps.*

After many years' experience in various departments of nursing, I find the uniform I have adopted since I have been on war duty in French military hospitals the most practical, clean, and comfortable I have ever met with.

Instead of a fitting dress I wear a white overall, made with a well-cut yoke, no collar, and long sleeves gathered into a band which buttons at the wrist. This overall is well clear of the ground, and can be made of linen, piqué, or even longcloth. The waist is confined by a washing ribbon belt with a silver buckle. For neck wear I have a collar band in tucked muslin, fastening at the back with pressure fasteners, and having on the inside little tape slots in which to pass the collar supports, so as to avoid sewing them in; this is attached to a muslin vest, without sleeves, which reaches just below the armholes. My apron is of rather coarse linen; it has no waist, and is sloped off into a high square bib, with shoulder straps, which cross the back, and button to skirt of apron. It is very easy to slip off and on, falls into place naturally, does not "fly out" at lower corners, and almost entirely covers the overall. A muslin square folded cornerwise, worn well over the hair in front and not too long at back, completes the costume. A washing petticoat must, of course, be worn under the overall.

The merits of this uniform are as follows:—

1. The white overall is easier, and costs less, to wash than a dress, and is less liable to be spoiled by washing, consequently can be changed oftener.

2. The apron is easily slipped off for meals; it also costs less to wash than a gathered or gores one.

3. The belt, cap, and collar are very simple, and can be easily washed by oneself if necessary.

4. No brooches or studs are needed.

5. With the exception of the little collar-vest, which looks better and keeps clean longer if slightly starched, no other article of the dress requires starching.

6. It takes up little room in packing, and does not crush.

When at work I turn my sleeves back above the elbows; for meals I put them down, after having washed my hands and arms, and take off my apron.

A pocket for handkerchief, &c., and a watch-pocket are necessary adjuncts to the overall.

## INDIAN NURSES AND NURSING INDIANS.\*

[Abridged.]

By ESTAIENE M. DE PELTQUESTANGUE.

For the benefit of you who know little or nothing about the North American Indian except what you have read of him in connection with the early settlement of this continent by Europeans, and who very naturally wonder what conditions can have arisen to convert a then healthy, vigorous people into the sickly, degenerate, dependent masses found on our Indian reservations to-day, I should like to say just a few words in explanation.

It would take too much time to go into the whys and wherefores leading up to the establishment of the Reservation system; it is sufficient to say that, born of the idea that it would be cheaper and more comfortable for the white immigration to take care of the Indian and at the same time "get rid" of him than to fight him, it was then established, and with its foundation began one of the most effective methods of pauperizing and degenerating a people that the world has ever witnessed.

Imagine, if you can, the result that would inevitably be produced upon segregated masses of untutored people from being fed, and clothed, and lodged, and thought for continually, without any exertion on their own part. Can you wonder that these reservations have become veritable hotbeds of disease? And probably no effort would yet have been made to correct the very natural conditions arising from such a system, had not white civilization, such as it was, in its gradual pushing westward, found itself in imminent danger of contamination through contact. Immediately there arose a clamour from these people for protection, and the public began to awaken to the fact that institutions, under the most capable management possible, were needed, in which to isolate the physically and mentally unfit. The persistence of this appeal for help has converted the problem, at least in part, into a white man's problem, a human problem, and the fact that it has become such will undoubtedly do its share toward saving the Indian people from utter extermination.

Prior to 1908 no particular attention was paid to health conditions among the Indians, except that Congress annually appropriated a small

\* Read at the Eighteenth Annual Convention of the American Nurses' Association. San Francisco, July, 1915.

sum for the prevention of the spread of small-pox. During the winter of 1908-1909 a woman (presumably a physician) definitely diagnosed as trachoma the many cases of sore eyes among the Indians.

One other disease, even more deadly in its onslaught among reservation Indians than trachoma, is tuberculosis. The mortality from this cause alone for the fiscal year ending June, 1914, was 31.83 per cent. of the total death-rate, or more than double that of Caucasians born in this country. The alarming number of deaths from this scourge is causing no little anxiety to people who are interested in the Indians, and every combative method known to modern science is being employed to stamp it out.

Health conditions in the schools are being given a great deal of consideration, and an effort is being made to have the children live in the most hygienic environment possible. The importance of cleanliness, fresh air and sunshine, nourishing food at regular intervals, well-ventilated sleeping-rooms, suitable clothing, regularity of habits, the use of separate towels, drinking cups, &c., are all being given attention. This is all very well and as it should be, but it only grazes the surface of things.

To strike at the root of the trouble, as it exists, the problem will have to be taken up in the homes and fought vigorously. Tuberculosis is essentially a house-bred disease, one with which the Indian, in his former transitory, out-of-doors mode of living, did not have to contend, and one with which, in his new environment, he has not learned to cope.

Now just a few words about nurses of Indian blood. At present there are seven of these women in the employ of the United States Government. I am told that they are all graduates of recognized training schools, and doing efficient work. One can readily understand that if they are well educated, well trained, and possessed of sufficient courage, persistence, and devotion to duty and race, our Indian women ought to be a strong factor in the Reservation Nursing Service, for they not only have the advantage of knowing at first hand how their people feel, and think, and live, but they have no mistrust to overcome.

The Indian private duty nurses are many more in number, and, while very little seems to be known of them, representatives are to be found in almost every large city, working shoulder to shoulder with the nurses of other races. Many of our women have fought their way to success in this particular branch of

endeavour under the most trying circumstances, and the only reason I can attribute for more not being known of them is that thus far none of our women of superior education have been attracted to the nursing profession. I am sorry to have to admit this, but it is true. I believe, however, that the majority of Indian nurses are orderly, painstaking, capable, conscientious women.

I have previously mentioned the earnest effort that is being put forth by the Government and our friends for the betterment of the Indian people generally, and I have no doubt but that all this exertion on the part of others will do something to improve the race in the next generation; but I am firmly convinced that nothing like satisfactory results will ever be obtained until the Indians themselves are thoroughly impressed with the seriousness of their own problem, for it is and ever will be a problem, characterized by ignorance, degeneracy, disease and death, as long as the Indians are forcibly confined within fixed limits, away from material contact with civilization, and clothed, and fed, and thought for and pauperized generally.

The salvation of any people must come from within, and until they have been taught and firmly grasp the idea of responsibility, responsibility not only to themselves but to the communities in which they live, and to the country at large; until they appreciate the fact that the country owes no physically and mentally sound man anything more than the chance to *earn* a living, the combined efforts of physicians, nurses, field-matrons, and the countless other employees of the Service, will be of little avail. Responsibility is the key to the situation; and by responsibility I mean "the ability to meet the requirements that morality, civilization, and humanity, demand of man; the ability to protect self, to support self, to contribute to progress; the ability to help those who depend upon you; the ability to make the world need you."

Particularly should nurses who choose work in Indian fields be women of unusual capabilities, and actuated only by the highest motives. In addition to the many virtues and accomplishments with which other employees in this great social uplift should be endowed the nurse should have limitless patience, and a broad charity for the weaknesses of her fellow man, for, as is the case in all forms of welfare work, she will find every disease born of unfit social conditions. She will glean her reward in helping to reclaim a people who have become pauperized and diseased through a social system that has been forced upon them.

There is a pleasant side to reservation nursing, for apart from the satisfaction one gets from trying to better the lot of another, she is sure to find agreeable friends and associates in other branches of the Service who, like herself are striving for the general uplift of mankind. Then, too, she will find that, instead of the savage, bloodthirsty creature that the newspapers paint, the Indian is most amenable to reason and kindly disposed when once you win his confidence. She will learn that not all reservation Indians are savages and that not all savages are confined on Indian reservations.

I fully realize that it is a long step from our present reservation system to citizenship in its highest sense, and yet I feel that if our Indian boys and girls, whose lives are all before them, can once be gotten to catch up the glorious inspirations of this country and age in which they are living, and then be allowed to develop their powers to the highest degree possible through contact with the varied working forces of this greatest of republics, with a share in its duties, and at least a foreigner's chance to use its opportunities, there will be no Indian problem, for the Indian will himself take care of the conditions that to-day make him diseased and dependent.

In conclusion, let me beg of you to use your influence, however small, to rid the Indian of his present thralldom and make him a part of the nation. In striving towards this end you may fall short of your aims, or even fail absolutely, but there still remains the satisfaction of knowing that no honest, earnest effort to accomplish a worthy purpose is ever quite lost.

## NURSING AND THE WAR.

Fifty-one nurses on the staff of the Metropolitan Asylums Board have joined the Military Nursing Service, according to a report issued by the Board.

A country house at Hadley Wood has been placed at the disposal of Princess Christian and is to be used as a Home of Rest for Military and Naval Nurses who are on leave either from the front or from English hospitals. It will be known as "The Princess Christian Home of Rest for Military and Naval Nurses."



MISS SUSIE McINTOSH, R.R.C.,  
MENTIONED IN DESPATCHES.

The continuity of the work at the American Women's War Hospital at Paignton will not be in any way interrupted by the decision of the American Red Cross to withdraw the nursing units they have supplied to all the belligerent countries since the beginning of the war. Two of these units have worked at Paignton for many months, and, immediately on receiving an official intimation of their withdrawal, the American Women's War Relief Fund took the necessary steps with regard to their hospital. An American chief surgeon has been appointed, and, as heretofore, the staff will comprise both English and American Sisters.

Miss Susie McIntosh, of Foss, Pitlochry, whose portrait we publish on this page, has had the honour of being mentioned in despatches, and of being awarded the Order of the Royal Red Cross by His Majesty the King. She received her training at the Royal Infirmary, Edinburgh; and served with the Greek Army during the last Balkan War, for which she was decorated. On the outbreak of war, she volunteered for service, was accepted, and has been serving abroad since August last. The Greek decoration given her is shown in our illustration.



It has recently been announced in the Aberdeen press that the question of providing some central place as a residence for nurses on duty in the various military hospitals of the Aberdeen base is engaging attention, and that it has practically been decided that a public school in a central locality might be obtained where most of the 250 nurses could be housed, and that £1 a week would pay for the housing and other outlays including cost of conveyance to and from the hospitals.

A Nurse, writing in the *Aberdeen Free Press*, referring to the article in that paper regarding the allowances of the Territorial nurses, says:—

"To begin with, I think the number of nurses given, viz., 250, is wrong, unless the V.A.D. nurses are included, and their allowances are not the same as ours. Our allowances were set down in our Standing Orders in peace time, and are made just the same by the Government, although the nurses do live in. Now, may I ask, if we are to be 'housed, fed, and transported' on £1 per week, where is the remaining 18s. to go to?"

"Also, why should the nurses be selected as victims of this sudden desire for economy? So far as we can see, the medical men have certainly the best of it, as in addition to the large salaries and allowances made them by the Government, many of them still manage to carry on their private practices. After all, by the time schools are taken, altered, and furnished, and the nurses' usual allowances made, where is the economy?"

"May I also add that the majority of nurses here have left posts where they were earning clear two guineas and upwards per week, and did not join the hospitals from a financial point of view."

In the Standing Orders of the T.F.N.S., Matrons, Sisters and Nurses are entitled to the following allowances: Board and washing, £39; and, where quarters are not provided, fuel and light allowance (average), £11 3s.; lodging allowance, £41 1s. 3d.

Miss Hannah Brewerton, the Matron of the Government Hospital for Europeans at Zanzibar, who is at home on leave, has had her full share of war nursing. The hospital, formerly the British Consulate, has a landing stage on the harbour, and after the tragedy of the *Pegasus*, which took place in full view of the hospital, the wounded survivors were taken to it. Sick and wounded officers and men from the mainland, especially after the bombardment of Tanga and Dar-es-Salaam, were also brought down, so that the year has been a very full and busy one.

Miss Brewerton, who is well known and greatly respected by Europeans and natives in the island, having lived there, first as Matron of the Hospital of the Universities Mission, and latterly on the Government staff, for the last 23 years, had a narrow escape of her life in the early days of the war. Night falls at six o'clock in the island of Zanzibar, with absolute regularity and completeness. Returning to town with a friend, both

being on bicycles, darkness fell before they got back. She suddenly heard the word "Halt!" and turning to her companion said, "There's something up," but did not connect the word in any way with herself. Suddenly she saw that she was riding straight on to the point of a bayonet. She stopped on the instant and jumped off her bicycle, saying to the native soldier, "Why, you know me very well," to which she received the reply, "Yes, I know you very well, bibi, but not at this time of night." So much for the discipline of the "King's African Rifles."

In June (says a writer in *The Glasgow Herald*), there was established at Troyes a unit of the Scottish Women's Hospitals, and this is working under the French War Office, being known as "Hôpital Auxiliaire Bénévole, No. 301." This unit has been equipped by means of the generous donations of present and past students of Girtton and Newnham Colleges, and it is a proof that the establishment of hospital units for foreign service, which originated among the women of Scotland, is now receiving practical support throughout Britain.

The hospital consists of 200 beds and has for its site the beautiful domain of the Château Chanteloup about a mile from the town of Troyes.

The patients, who are housed in marquees on the lawn, are happy and cheerful, and look clean and even picturesque, many lying with their beds in the full sunshine, protected by coloured sunshades. Others, more convalescent, move about, or rest on long chairs. Each patient wears a broad rush hat, and on warm days he has the additional protection of a piece of scarlet cloth stitched inside his hat so as to hang down and cover his neck.

In the forenoon the sun baths are given, the wounds being exposed to the direct rays of the sun for definite periods of time. The nursing sisters flit about constantly among the patients keeping watch to see that the gauze screens over the wounds are kept moist, so that no drying of the tissues takes place, as well as to guard against any exceeding of the allotted time-exposure. It has been found by experience that the dosage of the sun's rays has to be given with the precision of an electric apparatus. The results have been so beneficial that the medical staff frequently give expression to the wish that this form of treatment in surgical cases could be carried out in our home hospitals. On those days when the sun does not shine—happily few—the patients remain within the tents and amuse themselves with books, writing, and games.

In the twilight, when the lights are up and preparations are being made for tucking the patients comfortably in bed, it is then that the hospital looks a veritable fairyland, and over one there comes a feeling of deep gratitude to all those at home who by their generosity and self-denial have enabled the staff to carry so much comfort and happiness to these wounded and wearied soldiers."

## FRENCH FLAG NURSING CORPS.

## POLITICS AND THE WOUNDED.

All the world over, politicians play the same game, and even in War time we witness party tactics. One can but regret that, in the recent attack made upon Dr. Troussaint, the Director General of the Service de Santé of the French Army, in the French Chamber, Dr. Peyroux should have expressed the opinion that the cost of skilled nursing by trained English nurses—the members of the French Flag Nursing Corps—was too great. As the whole remuneration of the nurses is on a very moderate scale, and their arduous work performed out of deep sympathy with sick and wounded French soldiers, Mrs. Bedford Fenwick, who is now in Paris, addressed the letter below to the President of the Chamber, M. Paul Deschanel, together with copies of most eulogistic letters from the medical officers under whose directions the nurses have worked.

## DR. PEYROUX'S SPEECH.

The following report of M. le Député Peyroux's remarks in the Chamber of Deputies on August 13th, appeared in the *Journal Officiel* on the following day:—

M. AMÉDÉE PEYROUX: Si nous abordons la question du matériel des hôpitaux, nous voyons qu'il en est comme du nombre des hôpitaux et du nombre des lits. Mais je n'insiste pas; notre éminent collègue, M. Maginot, a déposé devant la Commission de l'Hygiène et dit ce qu'il pensait, en juillet 1915, du matériel du Service de Santé. Il l'a écrit dans le *Journal*. Je n'ai rien à ajouter après lui! (très bien, très bien!).

Pour les infirmiers militaires, vous avez aussi, Monsieur le Ministre, permettez-moi le mot, légèrement manqué de main. Ces infirmiers étaient de braves gens, mais qui avaient le tort de tout connaître sauf leur métier; c'étaient des ecclésiastiques, des journalistes, des avocats, des domestiques; bref, il y avait de tout, sauf des infirmiers militaires.

M. MAYERAS: Il y avait aussi des députés.

M. AMÉDÉE PEYROUX: Comment y avez-vous remédié? Par un moyen qui a eu pour résultat de coûter fort cher, et qui a produit des effets peu appréciables. Vous avez fait appel au corps des nurses anglaises; oui, le Ministère de la Guerre a appelé à son secours les infirmières anglaises (mouvements divers). Oh! je suis l'un des premiers à le reconnaître, il convient de rendre hommage à leur science et à leur dévouement; je les ai vues à l'œuvre, et elles méritent les éloges qui leur sont adressés; mais si je déplore cette mesure, c'est parce que nous les payons plus cher que les infirmières militaires. Les 300 nurses qui sont venues en France constituent un effectif qui coûtera à l'Etat une somme annuelle de 1 million.

Vous paraissez en douter, Monsieur le Sous-

Secrétaire d'Etat? . . . Voici la décomposition de ce chiffre pour chaque personne:—

|                         |       |
|-------------------------|-------|
| Traitement annuel       | 1,035 |
| Indemnité d'habillement | 150   |
| Logement                | 350   |

1,535

En plus, le voyage du point de départ en Angleterre au point d'arrivée en France.

Nourriture par assimilation au rang d'officier, environ 120 fr. par mois; pour 300, 36,000 fr. par mois; pour une année, 432,000 fr.

Total: 1,535 + 300 = 460,500 fr. d'appointements plus 432,000 fr. de nourriture.

Total général, 892,500 fr.

J'ai d'ailleurs eu à régler moi-même ces honoraires. Donc, j'en suis sûr, tout à fait sûr.

## MRS. FENWICK'S REPLY.

MONSIEUR LE PRÉSIDENT,

En qualité de Présidente du Concile national d'infirmières diplômées d'Angleterre et d'Irlande, fondatrice du Concile International des Infirmières et trésorière honoraire du "French Flag Nursing Corps," je désire beaucoup et je me sens véritablement obligée de vous entretenir sur la déposition de M. le Député Peyroux à la Chambre des Députés, le 13 août dernier, au sujet du coût des infirmières diplômées anglaises que le Ministre de la Guerre a utilisées pour soigner les soldats blessés ou malades, dans quelques hôpitaux militaires en France.

M. le Député Peyroux a été assez bon pour reconnaître l'habileté et le dévouement des Membres du "French Flag Nursing Corps." Nous reportons de tout cœur cet hommage aux enseignements inspirés par notre grande Florence Nightingale. M. Peyroux affirme aussi que le rôle d'infirmier est rempli en France par des gens sans instruction pratique: avocats, journalistes, prêtres. Il est donc tout à fait excellent que le Service de Santé français ait fait appel aux infirmières anglaises, dont 10,000 sont utilisées pour l'armée anglaise et dont 170 seulement ont été fournies au Ministre de la Guerre français, qui en demandait 300.

Les infirmières anglaises sont heureuses et fières d'apporter leur concours à la nation amie. Elles n'ont véritablement aucun besoin d'être remerciées pour cela, qui est le plus doux et le plus glorieux des devoirs pour elles-mêmes. Mais il me semble aussi tout à fait insupportable que M. le Député Peyroux essaye de démontrer, devant toute la Chambre réunie, que c'est une faute et un gaspillage financier d'avoir fait appel à notre concours. Les chiffres qu'il a donnés ne sont pas exacts et rendent incorrecte cette critique qui n'était pas facilement acceptable par notre amour-propre.

L'indemnité d'habillement, pour chaque infirmière, est de 100 frs. et non de 150 frs. En Angleterre, elle est de 200 frs. et elle est doublée pour le service en pays étranger.

Dans la majorité des cas, les infirmières sont logées à l'hôpital et l'indemnité n'atteint pas 350 francs.

La nourriture ne coûte pas la moitié du chiffre donné par M. Peyroux.

Le salaire annuel de 1035 francs est faible car beaucoup d'entre elles gagnent d'ordinaire trois fois cette somme et ce salaire est bien inférieur à celui qu'elles gagnent, en France même, au service de l'armée anglaise.

Pour qui connaît les études professionnelles nécessitées par la profession hautement honorable en Angleterre des infirmières, tous ces chiffres réels ne sont pas exagérés et le véritable sacrifice n'est pas, comme le croit M. Peyroux, du côté de la nation amie, que nous sommes fières et heureuses d'assister, sans aucune idée basse de bénéfice.

Pour quelle raison M. le Député Peyroux a-t-il eu l'idée de blâmer ainsi celles qui ne désiraient aucun autre remerciement que celui des chers blessés, et aucune autre satisfaction que celle du noble devoir accompli ?

Une semblable chose, Monsieur le Président, est blessante et elle est aussi tout à fait injuste, et c'est pour vous le dire au nom des infirmières Anglaises que je me suis décidée à abuser de votre temps précieux, dans la confiance que j'ai d'obtenir une rétractation nécessaire pour l'honneur du "French Flag Nursing Corps."

Veuillez agréer, Monsieur le Président, l'expression de ma haute considération.

ETHEL G. FENWICK,

President National Council of Trained Nurses of Great Britain and Ireland ;  
Hon. Treasurer French Flag Nursing Corps.

The suggestion to inaugurate a little nurse training school in Paris, with the object of instructing French probationers in the special methods employed in the training of British nurses, has been accepted by the French Government in principle.

Miss Grace Ellison has been informed of this decision through the medical department of the French War Office, and as a preliminary arrangement two small wards, one for surgical cases and one for medical, have been placed at the disposal of the French Flag Nursing Corps at Annex No. 3 of the military hospital of Val de Grâce. Mrs. Bedford Fenwick, who is in Paris, is interesting herself in this project, which let us hope may prove to be the inception of a beneficent Army Nursing Service for the patriotic soldiers of the French Republic after the War.

Mrs. Bedford Fenwick accompanied Miss Ellison in a Government car, from Paris, last week, paying visits to the Sisters of the F.F.N.C., at Evrenx, Lisieux and Caen, when they received a most warm welcome. Mrs. Fenwick writes: "No praise is too high for the quite wonderful work the Sisters are doing; I hope to do them justice at length a little later, as I am just off to Bordeaux, to see the Talence Hospital."

## BRITISH NURSES AND FRENCH WOUNDED.

Through interest aroused by Miss Grace Ellison's delightful articles on the work of the French Flag Nursing Corps and the members' work in the war zone some substantial cheques have been received in support of the Fund.

In a third article, published in the *Daily Telegraph* of August 27th, Miss Ellison writes of a little town nestling in a wealth of trees—in peace time, it is almost unheard of, now it is an important military station. She says, in part:—

"From the window of the nurses' cottage, I gaze at the picturesque landscape, which stretches out to the horizon, whence comes the unceasing boom of the cannon. All night through it continues! Heaven, what destruction! We are a good way from the trenches, quite ten kilometres, and yet this incessant cannonading drives one almost crazy—is it astonishing that so many poor souls come from the trenches with nerves completely shattered?"

"The nurses' dwelling was the storehouse in peace time. Now, with their own skilful fingers and the assistance of the orderlies, it has been partitioned into a little four-roomed cottage; and the nurses are as proud of it as though it were a palace. Only the strict necessities of life are here, yet we British are accused of too much baggage in war time. It is the orderlies, however, who look after the nurses' comforts and bring their daily contribution to the embellishment of the establishment in the form of flowers, and sometimes pictures to adorn the walls. Said a kindly orderly to the head sister, who told him she did not care for pictures on the walls of her bedroom—'they are perfectly proper; I have chosen only virgins.' This then was the explanation of the solemn row of innocence stretched along the wooden partition beside my bed—a narrow, narrow bed, with sheets as thick as sailcloth, and peppered with formaline. I, too, am proud of the cottage; is there not always a refreshing touch of adventure in every being and thing 'self-made'?"

## EXPERIENCE TEACHES.

"Although the night is far spent before a meal and bed have been improvised for me, we talk and talk, and I listen with enthusiasm as the sisters tell me, one after another, of the work they have accomplished, and, above all, how much they appreciate the French. Said one of them to me: 'I've worked like a nigger since I've been in France. I've given them of my very best, but I can never repay France for what she has given me in the way of experience.' That is the spirit I had hoped for—but it requires the pioneer born to be able to test the value of a new idea—an infinite capacity for taking pains and a glorious determination to succeed. . . .

## FRENCH ORIGINALITY.

"In the world of medicine, Frenchmen have for a long while shown boldness and enterprise. Some of the nurses, it is true, have been non-

plussed by the complete reversal of all established ideas and methods, and said one excellent nurse, rooted up for the first time after forty years' firm planting on British soil: 'With all their wrong methods, it is extraordinary what good results the French obtain.' . . .

"So near the front there are cases which need all the science of the trained nurse to pull them through. Men unnerved almost to madness, men who mistake all the male staff for the enemy—one has only to listen to the ravings of these poor men to know something of the strain of war on them.

All night long, officers are giving their orders over and over again—under the influence of chloroform they begin afresh. How long will time take to deaden for those sufferers the ghastly souvenir of war!

#### THE TRAGEDY OF THE BLIND.

"I was taken to the eye ward to see the operations there. Of all the horrors of war, is not this the worst?

"Here is a brilliant young lieutenant. His father was only a concierge, but he worked and saved to give his son his chance. The son has gone through with flying colours—now he is blind. He was lying in the officers' ward when I saw him—the ward was darkened, for there were others suffering, too. He had in his hand a portrait of the little girl he had never seen.

'Only take off the bandage an instant that I may once look at my little girl,' he pleaded. 'I dare not,' answered the doctor. Who will have the courage to tell him the truth?

#### THE SISTERS.

"And now word has come that one of our Sisters in the North is seriously ill. She had gone to nurse the typhoid and diphtheria patients, and was suffering from diphtheria. I was warned I should probably arrive too late.

"The doctor thanks the nurses over and over

again for their help, and he understands that only trained nurses can be of use in work like this. The officers and priest have improvised a little lunch for me; the nurses are preparing tea. The priest says grace beforehand and returns thanks afterwards. All the years I have lived in France I have never seen this done before; indeed, the tragedy of war has driven us back to the protection of God again. A curious visit it was. I was anxious, and I was glad. 'It's glorious work,' said one of the Sisters, 'in spite of its awfulness.'

"And now one of the Sisters is at death's-door.

I may never see her again. To get to her the quickest way is right along the firing-line.

"We have to pass along the road which the French soldiers have christened 'The Jaws of Death.' A young man on the way tells us the Germans pepper everyone who goes up that road—perhaps we shall be the exception. Up the narrow, stony passage we plough our way—if by any chance the car stops, we are finished—yet, if we go too quickly we shall make a cloud of dust. As it is we are part and parcel of the dusty landscape. I keep my eyes on the enemy's lines. And on we go till we have turned the corner and are safe again for a while.

"I have my permission to eat and sleep at the hotel. I could certainly have done without,

for I have just heard that two of our F.F.N.C. nurses have been killed in a bombardment, and there is no possibility of my moving on till dawn. Fortunately, it turned out not so. Our nurses have gone through so many bombardments now. I have always maintained that men and women alike must risk their lives for the motherland, and the only reason the woman is in the ward, and not the battlefield, is that she is of more use to the motherland in the ward. Then, why, asks my informant, can I not accept the death of two soldier nurses and sleep quietly till dawn?"



THE LEGION OF HONOUR.



## JOINT WAR COMMITTEE.

The following nurses have been deputed to duty:—

## ABROAD.

*South African Hospital, Camnes.*—Miss S. F. Evans (lent).

## AT HOME.

*St. John's Hospital, The Mount, Faversham.*—Mrs. E. Gale, Miss E. E. Carter.

*V.A.D. Hospital, Ashford, Kent.*—Miss A. W. M. Sorrell.

*V.A.D. Hospital, Cirencester.*—Miss L. Lindsay.  
*Red Cross Hospital, Penland Road, Carmarthen.*—Miss Ethel Smith.

*Red Cross Hospital, Earl's Colne, Essex.*—Miss Emilie Lincoln.

*Rhydd Court Hospital, Hanley Castle, Worcester.*—Miss Emilie Chapman.

*Red Cross Hospital, 5, Union Street, Oldham.*—Miss M. G. Chisholm.

*Military Hospital, Highlands, Chelmsford.*—Miss K. Pownall.

*Clandon Park, Guildford.*—Miss Frances C. Scales, Miss Florence Watts.

*Relief Hospital, Bedford.*—Miss K. M. Wadkin.  
*V.A.D. Hospital, Rust Hall, Tunbridge Wells.*—Miss Sarah Roulston.

*Endsleigh Place Hospital for Officers, Endsleigh Gardens.*—Miss Catherine Fraser.

*Tylney Hall Military Hospital, Winchester.*—Miss Elizabeth John.

*Gifford House, Roehampton.*—Miss C. B. Davis.  
*Myrtle Auxiliary Hospital, Liverpool.*—Miss F. J. Evans.

*St. James Hospital, New Barnet.*—Miss Lily Huggins.

*Red Cross Hospital, Alderbury Road, Wimslow, Cheshire.*—Mrs. Mary Davies.

*Yeltyad Isaf Red Cross Hospital, Denbigh.*—Miss Catherine Jones.

*Amphill Park, Beds.*—Miss C. A. McGovern.

*Beach House, Bilton, Glos.*—Miss Frances C. Mayne.

*Red Cross Hospital, Barry Docks, Cardiff.*—Miss E. Hughes.

The *Cri de Flandres* announces that a brave girl named Renée Robin, aged sixteen, daughter of a French Territorial, has been mentioned in an Order of the Day of the British Army for placing in the hands of the British a plan of the positions at La Bassée, and for having helped in an effectual bombardment of the German positions.

Mrs. Felton has been presented with a piece of plate by the British Admiralty for services to the British Squadron off the Falkland Islands which resulted in the German Pacific fleet being destroyed. She with her two maids sighted the squadron from the top of a hill, and informed the authorities, who communicated with the Admiral by wireless.

## CARE OF THE WOUNDED.

## CITY OF LONDON RED CROSS HOSPITAL.

Anyone passing through Finsbury Square, in the City of London, will miss a well-known landmark in Buckers Hotel, one of the most cosmopolitan houses in the City, where anyone dropping in to luncheon would hear most languages talked around him except English—and of that very little, by either clients or waiters. Now, owing to the activities of the City of London Branch of the British Red Cross Society—which has already established a charming hospital for officers at the Fishmongers' Hall—a hospital for other ranks, beginning with about 100 beds, which can be increased in numbers, if necessary, is to be opened about the fourteenth of the present month. Miss Crosby, the Commandant, an ex-Lady Mayoress, is there, daily with Miss G. A. Rogers (late Lady Superintendent of the Royal Infirmary, Leicester), and in their capable hands a transformation is going on, and a new landmark created at the junction of Finsbury Square and Christopher Street, where all who run may read that the City of London Red Cross Hospital henceforth dominates that pleasant corner.

As the arrangements are mostly in the hands of Lady Mayoresses—past, present, and to come—Miss Crosby remarks, with a smile; one may have faith that they will have power to achieve the apparently impossible, and the hospital will be ready for opening, on time, in spite of the fact that the labour must be mostly accomplished by elderly men or youths.

Lady Truscott, well known to nurses, as their most kind friend in connection with the Territorial Force Nursing Service, is taking a special interest in the linen supply.

The staff of trained nurses, of whom there will be ten at first, will be supplied entirely by the Institution for Nursing Sisters, 4, Devonshire Square, E.C., assisted by members of the City's Voluntary Aid Detachment and male orderlies. The spacious rooms on the ground floor will readily lend themselves for the purposes of a hospital. In the lounge, the occupants will be able to sit under their own vine and fig tree; and a room of noble proportions, with a bay window, in which Miss Crosby is at present hard at work at her sewing machine, one comes on a view of green trees and a garden in which convalescent patients can sit out. There is also a billiard-room, which will be a boon to convalescents.

The wards are arranged on four flats, running the length of the building along Christopher Street; and there is a good operating theatre and X-ray department; but, as we have been courteously bidden to the opening, a more adequate description will then be possible than at the present time.

Queen Alexandra, attended by the Hon. Charlotte Knollys and Earl Howe, paid a long visit to the War Exhibition at the Guildhall before the public were admitted.

In order to show appreciation for what is being done in this country for the Belgian soldiers, the Duchesse de Vendôme (sister of the King of the Belgians) entertained a number of wounded soldiers at Belmont, Wimbledon, and with her daughters presided over the tea tables, which were arranged in the grounds.

On Monday afternoon (August 30th) 11.11. Princess Clementine Napoleon formally opened Allington Manor Sanatorium, Eastleigh, Hants, which has been equipped by the Wounded Allies Relief Committee (Sardinia House, Kingsway, W.C.) for the accommodation of twenty-five

Committee have determined to utilise that day for a special appeal throughout the British Isles and the Oversea Dominions on behalf of our sick and wounded soldiers and sailors.

The executive committee of the National Egg Collection for the Wounded state that the response to their appeal for a million eggs during the week August 16th to 23rd has been entirely satisfactory. From the reports that have come to hand from the various depôts it is evident that well over a million eggs have been contributed as the result of the week's collection. The committee tender grateful thanks to the public for their generous response.



C. P.

A ROTATING SHELTER AT THE ALLINGTON MANOR SANATORIUM FOR BELGIAN SOLDIERS.

Belgian soldiers who, through exposure in the trenches, have contracted consumption. Our illustration shows one of the rotating shelters. The Belgian medical officer is Capitaine Feys and the English matron Miss Houldershaw.

The Allied Powers have given their assent to the project of internring sick or convalescent prisoners of war in Switzerland. The assent of Germany has also been notified. Arrangements will be made by the Federal Government.

October 21st is the anniversary of the amalgamation for war purposes of the British Red Cross Society and the Order of St. John. The Joint

The eighteenth ambulance train built by the Great Western Railway Co. for use on the Continent was on view last week at Paddington Station. Probably the train is the most complete of its kind which has been built anywhere. Its length is no less than 320 yards, its weight is 442 tons, and it can accommodate 402 patients and a staff of 45.

A hospital which will be used specially for airmen has been opened in a suburb of Paris.

The Blue Cross Hospitals in France can hold just over 700 horses. The institutions are controlled by Our Dumb Friends' League and further funds are asked for.

## INTERNATIONAL COUNCIL OF NURSES.

*(Concluded from page 177.)*

At the American Nurses' Association Convention at San Francisco, after Miss Goodrich, President of the International Council of Nurses, had presented her Report, the President, Miss Genevieve Cooke, called on the representative from the Council of Great Britain and Ireland, Miss Hulme.

MISS A. E. HULME.

MISS HULME: Sisters, it is with mingled feelings that I stand before you to-day to bring you the greetings from your sisters in England. We are meeting in this sheltered spot to confirm the sisterhood that makes us one, but the absent ones, the nurses of America, as of England, went where the need is greatest on the fringe of the battle plain. The greeting that I bring you here is as nothing compared to the welcome we give to those who have come over seas to help us in our hour of need and sore distress. A wide gulf separates us from the past, from our last glad reunion. Seas of blood roll between then and now and many landmarks of kindness and goodwill have been uprooted, but through all the blindness, cruelty and passion of war, there still lives the spirit that would heal where others have stricken, that would bind where others have severed, and to that band the great nursing sisterhood has ever belonged. And I am sure I may say that we are all glad to remember that in the past we have met in good fellowship, not only in Buffalo, London and Paris, but also in Berlin and Cologne. Nothing can be more hopeful for the future than the fact that in spite of the present turmoil of the world your great nation has conceived and carried through this wonderful festival of Peace; has reared these magnificent buildings to celebrate the triumph not of man over man but of man over the brute forces of nature. It is like a breath, no, like a great wind of hope lifting the cloud of doubt and dismay that at this moment wraps the world. When the dawn of a new day breaks and when peace and charity are again restored to us, then we trust that the sisterhood of nursing may be one of the bands that will once again unite the nations of the world. May that day come soon, but now and always we, the nurses of Great Britain and Ireland, greet you in the bond of sisterhood, the bond that binds nurses o'er all the earth.

Miss Cooke then called on Miss Kent, the second delegate from England, who responded.

MISS ARSTREDES.

MISS ARSTREDES, of Holland, was then asked to speak.

MISS ARSTREDES: Although not having communicated lately with the president of the International Congress for Holland, I feel sure to express

her ideas in stating the following: Miss Lanschot Hubrecht representing the Dutch Nursing Organisation, *Nosokomos*, infinitely regrets not being able, on account of the war, to attend the meeting at San Francisco. It will interest you to hear that conditions in Holland for nurses have these last few years greatly improved, mainly with regard to reducing the hours on duty. In the best hospitals these have been brought back to nine and one-half and twenty-four hours off every week. We are trying to get State Registration, but so far have not been successful, several authorities not being in favour of it. However, some day we expect this law to be passed. I am glad to be able to take back to my country many interesting methods and ideas I gathered during my short stay here. We are looking forward to the day when the International Congress of Nurses will meet in Holland.

MISS HUNTER.

Miss Hunter, from Australia, was then called upon.

MISS HUNTER: The Australian Trained Nurses' Association, which was founded in 1890 with a mere handful of nurses, of whom I was one, numbers now in round numbers 4,000. This practically includes all the trained nurses of Australia with the exception of those belonging to the affiliated association of Victoria, numbering about another 2,000. It has been interesting to note the gradual but steady increase of the Australian Trained Nurses' Association in size, strength, efficiency and power, and I think it speaks well for the organisation of this association that it can well and efficiently control hospitals and the training of nurses over such a large area; an area nearly as large as that of the United States. There is one system of training, one standard of efficiency, and one examination. Each State has its own council, and as far as possible governs its own affairs, but is responsible to the parent association, which is in New South Wales. The work of the Association in connection with the training of nurses begins before they enter the training school, as they have to satisfy an educational committee in each state as to the standard of their general education, and if they cannot produce a certificate which sufficiently proves that they have attained the required standard they must pass a special educational examination held by the Association. Every training school reports annually to the council of the Association in its own State, a complete record of its pupils, each pupil nurse's career, from the date of her admission to the nursing staff of the hospital. This report includes the number of days she may be absent from duty other than those allowed for rest and recreation; the number and subjects of lectures given and attended; all examinations held and the results; the daily average number of patients and medical cases in the hospital, &c. When the pupil nurse has completed her term of training,



has attended a given proportion of lectures and passed all examinations set by the hospital—and these examinations must include one on invalid cookery—she is eligible to sit for an examination held by the Nurses' Association and if successful in passing, is admitted as a member of that Association. These examinations are held every six months and take place simultaneously in the different examining centres in New South Wales, South Australia, Western Australia, Queensland, Tasmania and Fiji. The examinations include a written, a practical and an oral section. The written papers are all examined by one board of examiners in each State. There are 132 hospitals registered as having training schools under the rules of the Australian Trained Nurses' Association, the terms of training being three, four or five years respectively, according to the size of the hospital. The Association publishes a register of members, giving full details of training and experience; this register is published every second year. A journal is published every month, and this and the register are sent to all members of the Association. The annual subscription is half a guinea (\$2.50). The Association has reciprocal agreements with Victoria, New Zealand, and the Transvaal, all of which hold uniform examinations similar to ours and admit our members without further examination. We regret that Australia has not yet been able to join the International Council of Nurses, owing to the fact that the Council will only admit Australia as a whole. The Australian Trained Nurses' Association would have joined long ago but the difficulties caused by distance have hitherto prevented any council being formed which would represent both the Australian and the Victorian Association. Both associations would probably join without any delay if they could do so without the complicated machinery of a joint board. Regarding the war, Australia has sent with her troops two complete medical units: doctors, nurses, orderlies, dispensers, carpenters, cooks, fully equipped to accommodate 1,640 patients. The Australian Voluntary Hospital, maintained by subscriptions from Australians, is also staffed by Australian nurses and doctors, and a very large number of Australian nurses are also in the service of French and English and Belgian hospitals. The government of Australia has undertaken to send another 100 nurses for service with the Imperial Government.

#### MEMORIAL TO SIR CHARLES SEELY.

It has been decided by the Monthly Board of the Nottingham General Hospital to erect within the hospital some permanent memorial to the memory of the late Sir Charles Seely, Bart., who as Chairman supported the charity with the utmost generosity. The subscriptions are not to exceed £2 2s., so that many of his admirers will be able to express their gratitude for the great work he accomplished in raising the General Hospital, Nottingham, to the status of a first-class County Hospital.

## APPOINTMENTS.

### MATRON.

**Keighley Infirmary, Keighley, Yorkshire.**—Miss Maud Williams has been appointed Matron. She was trained at the Birkenhead Infirmary, where she was afterwards Ward Sister. She has also held the positions of Sister at the Ecclesall Infirmary, Shetfield, Theatre Sister at St. Luke's Hospital, Bradford, and Home and Theatre Sister at the Harton Hospital, South Shields. She has also had Fever, District and Private Nursing experience, and is a certified midwife.

### ASSISTANT MATRON.

**Royal Edinburgh Asylum, Edinburgh.**—Miss J. B. Jarvis has been appointed Assistant Matron. She was trained at Carnegie House, Montrose; and at the Southwark Infirmary, East Dulwich Grove.

Miss Marie Christopherson has also been appointed Assistant Matron. She was trained at the Derby Borough Asylum, Rowditch; and at the Royal Infirmary, Edinburgh.

**Ham Green Hospital and Sanatorium, Bristol.**—Miss Alexandra E. Lyall has been appointed Assistant Matron. She was trained at St. Thomas' Hospital, London, and has been Charge Nurse at the Fountain Fever Hospital, Night Superintendent at the General Hospital, Canterbury, and at the Infectious Hospital, Baguley, Housekeeping Sister at the Great Northern Hospital, London, and Home Sister and Housekeeper at the Baguley Sanatorium, Cheshire.

### SISTER.

**Chesterfield and North Derbyshire Hospital, Chesterfield.**—Miss Annie James has been appointed Sister. She was trained at Ancoats Hospital, Manchester, and temporarily held the position of Sister in the Men's Accident Ward in the same institution.

**York County Hospital, York.**—Miss Helen M. Lapham has been appointed Sister in the Women's Eye Wards. She was trained at the Royal Infirmary, Bradford, and has held the position of Sister at the Royal Eye and Ear Hospital, Bradford.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Ivy J. Taunton resigns her appointment, August 28th, 1915.

### QUEEN VICTORIA'S JUBILEE INSTITUTE. TRANSFERS AND APPOINTMENTS.

Miss Elizabeth Whalley is appointed to Three Towns as Second Assistant Superintendent. Miss Whalley received General Training at Salford Union Infirmary, Midwifery Training at Gloucester, and District Training at St. Helen's. She has since held several appointments under the Institute.

Miss Hannah Hobbs is appointed to Ecclesall, Miss Clarice Hopkins to Denton, Miss Harriet M. Lewis to Stonehouse, Miss Nona S. Mountford to Liverpool (Walton), Miss Louisa M. Thomas to Windsor.



## NURSING ECHOES.

The courses of training for sanitary officers, health visitors, and school nurses arranged by the Royal Sanitary Institute, commencing on September 20th and October 1st, are of particular interest just now, when so many educated women are being appointed on the staff of public health authorities, and the demand for trained women appears to be increasing.

The training not only includes lectures, but practical demonstrations in the Museum of Sanitary Appliances, visits to public works and other places of sanitary interest, and the use of a reference library, lending library, and reading room.

The lectures are followed by the standard examinations of the Institute, which are recognised in all parts of the British Empire.

A special course of lectures to assist school teachers, and other students entering for the examinations in school hygiene, including elementary physiology, and for women health visitors, tuberculosis visitors, and school nurses, will also be given at the Institute, beginning on Monday, October 4th, at 7 p.m. Special arrangements will be made for each student to attend a course of six infant consultations, under the direction of Dr. Eric Pritchard.

The next examinations held by the Institute in London will be on December 10th and 11th. Candidates who desire to enter for the Health Visitors' Examination must produce evidence of nursing training. The fee for the course is £1 rs., and students desirous of attending the lectures are requested to send in their names at once to the Secretary of the Institute, 90, Buckingham Palace Road, S.W.

A provincial sessional meeting of the Royal Sanitary Institute will be held in the Permanent Art Gallery, Brighton, on September 3rd and 4th. The chair will be taken each day at 10.30 a.m. by Sir Henry Tanner, C.B., Chairman of the Council of the Institute. There will be discussions on such interesting questions as Indian sanitation, camp sanitation, maternity and child welfare, and the final report of the Royal Commission on Sewage Disposal.

Miss Isabel Stewart, one of Miss Nutting's pupils at the Johns Hopkins Hospital, Baltimore, and now her most able assistant at Teachers' College, Columbia University, New York, has been spending her vacation in this country, and many nurses who know her well by correspondence, and from the good work she

has done in connection with the College, have had the pleasure of meeting her.

Miss Stewart would not be a true disciple of her chief if she were not an enthusiast on nursing education, and she is specially interested in the possibilities of Preliminary Training for Nurses. Like so many of the distinguished graduates of the Johns Hopkins, Miss Stewart is a Canadian, and indeed the patriotic purpose which inspired her to cross the Atlantic at this particular time was to give some service to the sick and wounded. Though this has not proved possible, she has seen various military and other hospitals, and, with that quick grasp which is characteristic of so many of our colleagues on the other side of the Atlantic, has added considerably to her store of knowledge. All good wishes go with her on the return voyage.

When the disabled British prisoners arrived at Gravesend there were, says a contemporary, six officers and 320 rank and file, mostly in khaki, but several in nondescript attire made up from the military kits of Belgium, France, and Germany. Their bandages and crutches, missing limbs, injured sight, and—in some cases—year's imprisonment, had failed to damp their patriotism or their spirits.

As they neared the Dutch frontier, the train stopped at a small town in Belgium, where a pretty incident occurred. A young girl of unknown nationality rushed to the side of the train and threw in a beautiful bouquet of flowers, which was divided up among the men, who are carefully preserving them to take back to England.

Miss M. Ard Mackenzie, Chief Superintendent of the Victorian Order of Nurses for Canada, in her report for 1914 to the Board of Governors of the Order, states that the work in the various branches has gone along in the usual splendid way, and with the accustomed efficiency. Though the Victorian Order committees and nurses are active in Red Cross, Patriotic, and Belgian relief work, yet they have not relaxed their efforts in the old necessary work in connection with their local philanthropies. Miss Ard Mackenzie says in part:—  
"In a number of the branches the school nursing is being done by our nurses."

The Victorian Order nurse is peculiarly well fitted to take up this work in all its fullness. The prominence, too, that is being given to pre-natal, child welfare, and social service work should also be noted.

The ideal district nurse stands out before

us—as nurse, investigator, teacher, and welfare worker—healing, comforting, preventing, so as to bring about that general weal, towards which we are ever striving.

Very close attention has been given to country district nursing during the year. The Order's plan is known to many of you, but will bear repeating. The scheme is to organize local associations in large country areas, instead of in a city or town, for the purpose of supplying nurses to everyone in those districts. The headquarters should be as central as possible, from which the nurses go out to patients near at hand, or any number of miles distant within the limits. They will combine continuous with district nursing—staying a day, several days a week, or several weeks, with a patient, as the necessities of the case demand, and the general health of the community will permit. To cope with the work satisfactorily, a nursing home is a necessity in practically every country district, for it has been found by careful investigation and study of various country districts that it is necessary to provide a clean, quiet place where a sick patient may be taken, and may receive skilled care at any time, day or night. The smallest home would have accommodation for at least two nurses and three or four patients. These Homes will be community centres, from which welfare work in its various forms will be done. The rural school nursing is done in connection with these country district nursing branches. Other organized societies in the country districts have been studying out this nursing problem, and their co-operation has been most helpful in enabling us to reach the people.

For in extending our work into the country districts, it has been found that all are agreed that a nurse is a boon, is badly needed, when a person is critically ill in bed, but that is the only time. Now, as you know, the most lasting good done by the nurse is done through her investigating and her teaching. By her prenatal visits she may save the life of mother and babe, by her school inspection she may prevent the locality's being desolated by an epidemic, saving the lives of many children, or she may be the means of snatching children from a life of ignorance, merely by having defects corrected early in their careers. By her child welfare visits many babies will be saved to a happy babyhood, which is their right, and so on.

When the Order fixed the standards for its nurses in that splendid Royal Charter, setting forth that the nurses of the Order must be "thoroughly trained in hospital and district

nursing," they were far in advance of the times, and consequently had to arrange themselves to give the training in district nursing, so as to fit the nurses for their special line of duty. This course at first was very simple, as it consisted of the practical instruction and experience in actual district nursing, with its various problems, and a lecture course. The larger centres, where the best experience could be obtained, were chosen, and the local associations at those centres undertook to have the course given, as outlined by the Executive Council. Time went on, and the evolution of the district nurse brought about a much more complicated problem in the matter of her education, and the local committees, chosen to manage the affairs of their respective districts and have the people well cared for, found themselves with the added responsibility of arranging for the training of nurses thrust upon them, and what happened is the only logical thing that could have happened—what is happening in all of the hospital training schools to-day, to the detriment of the nursing profession—the education of the nurse, being secondary, was neglected. Blame cannot be placed on anyone in particular. The system just worked itself out logically, and was found wanting.

This work, the training of the nurses in district nursing, is the work of the Board of Governors, who are the training, distributing, and supervising body for the whole Victorian Order system.

My recommendation is that the Executive Council take into consideration the question of establishing training centres directly under this Board, and financed by them. These training centres would be established for the sole purpose of educating the nurse. Arrangements might be made with the local associations whereby the post-graduate students would receive their practical experience on the district. This recommendation I respectfully submit to you, for your careful consideration.

Early in the year the Executive Council decided to have printed for distribution, from time to time, educative leaflets on health. The first of these has already been printed, and many copies distributed. These leaflets will undoubtedly do a great deal of good, often in most unexpected quarters.

The nurses we cannot adequately thank. To them really belong the laurels, for just in so far as they have been faithful, efficient, and loyal, has the work of the Order been possible."

## OUR FOREIGN LETTER.

## LETTER VII.—ECHOES OF THE SAN FRANCISCO CONFERENCE.

DEAR MADAM,—Some recent issues of the JOURNAL, including June 26th, have interested me exceedingly. The account of the doings of the National Council on the 17th July is deeply interesting and edifying. How I wish "A Scheme for Social Service in Relation to the Soldier" could have found a place on the programme of the Nurses' Convention at San Francisco. However, many of our American sisters will read it, and I know this fine progressive scheme will meet with their approval. I seem to hear them say, as I often have when anything appeals to them strongly, "That's fine."

In my last letter I told of the great joint meeting of the three nursing bodies held at the Greek Theatre of the University on the afternoon of June 23rd. I must now make a short retrograde step and tell something of the morning sessions, especially one in particular, which was too interesting and too important to be passed over. Miss Genevieve Cooke presided over a meeting of the American Nurses' Association, which dealt almost exclusively with the work of the American Red Cross Society, which is well organised and has done excellent work during the present war. The concentrated essence of America's high sense of duty as a neutral country is contained in the following words written by Dr. Janus A. B. Scherer, President of Throop College:—

"With us the gift of consecrated imagination must take the place of propinquity. The very fact of our own immunity from suffering should make us the more zealous to enter into sympathy with the afflicted, and to give to them out of our bounty. The Red Cross is the spirit of Christ organised. There is no nobler cause in the world. Its motto is 'Humanity, Neutrality.' It is not based on sentimentality, but on sensibility to human pain." When one hears and reads of all that America has done, and is doing for the sick and wounded of the fighting nations, one trembles to think of what our position would be if the war party in America got their way. I must tell you that there is a branch of the Red Cross work in America which is unknown to us namely, the "Red Cross Town and Country Nursing Service." An admirable paper upon the subject was presented by Miss Fanny F. Clement, Superintendent of a branch of that service in Washington. I was a little puzzled to know the precise nature and purpose of this branch of the service, and the explanation given me was that the American Red Cross Society believes in activity in times of peace as well as in times of war and disturbance, so two years ago this branch was established. The generous gift of £20,000 from a New York citizen made it possible. There is no overlapping with the work of the visiting nurse (district nurse) because her work is done in large centres, whereas the nurse employed by the Red Cross Town and Country Service

carries on her work in districts of not more than 2,500 population. It appears to be an efficient aid society to District Nursing. The Russell Sage Foundation is specially interested in the Rural section of the Red Cross Society.

During the same morning in another hall of the building a Conference on Teaching in Training Schools took place, under the auspices of the National League of Nursing Education. Miss Noyes, its president, was in the chair, so I divided my attention between the two meetings.

Miss Harriet Gillette read a paper which admirably illustrated in itself, to use her own words, the value of "organized thought," on "How to Help Pupils to Study." Her opening remark was the key to the whole theme, and its great moral significance is worth memorising, namely: "It should be every nurse's aim to be the best nurse it is possible to be." In the course of her remarks she enumerated certain important factors in study, such as: (1) Recognition of problems; (2) The gathering of data bearing on the problem; (3) Memorisation; (4) Application of theory; (5) Pupils should be encouraged to search for books bearing on the problems, this will help them to *search for knowledge*.

"Keep a careful watch," said the lecturer, "over Nursing Journals"; furthermore, she impressed upon her hearers the necessity of *organized knowledge*. "Knowledge that is not organized is soon lost." Another remark that impressed me was that *thought, too, must be organized*, and that the ready acceptance of everything in print, shows lack of thought. Among Miss Gillette's many words of wisdom, I must just quote three more which it will do us all good to remember: "Pupils must *think for themselves*," that it is necessary to "establish the habit of verification." "Some one has said that '*good memory is really good thinking*.'" To sum up, or to put into tabloid form, the lecturer's theme, she urged her hearers to cultivate what is understood by the scientific habit of mind.

A very interesting paper was contributed by Miss Estaiene M. De Peltquestangue, of Massillon, Ohio, the subject being, "Indian Nurses and Nursing Indians." Especial interest was attached to this paper because Miss M. De Peltquestangue is a member of the Kickapoo tribe of Indians, and is at present a nurse among the Indians. She is a graduate of Cleveland Hospital.

"Training School Records" was the subject dealt with in a paper presented by Miss Pickhardt, Superintendent Pasadena Hospital, near Los Angeles, and one of our kind hostesses. Miss Parsons opened the discussion upon it and described what appeared to be a very perfect system of records which obtains in her hospital—the Massachusetts General, Boston. I must draw this letter to a close, it looks too long already. At this moment I am staying with an English Nurse, now married, who has in the past sent contributions to the Journal, and has a great respect for you and Miss Breay, she is now Mrs. Sheppard.

BEATRICE KENT

## BOOK OF THE WEEK.

**"SOME ELDERLY PEOPLE AND THEIR YOUNG FRIENDS."\***

Miss Macnaughtan can always be relied on to provide her readers with sparkle and humour. This her latest production is just the sort of thing that is wanted at the present time. Anyone in search of a book for the holiday cannot do better than acquire this one.

Miss Crawley was a handsome wealthy maiden lady of forty. "She looked older because of the habit she had of wearing rich brocade dresses in the evening, and handsome winter furs. Tom Beamish was fifty and did not try to conceal his age, because it was written in cold print in the latter pages of the 'Peccage.' Mrs. Darling's two daughters were grown up, and were there to prove that their mother must be—of a certain age. Mr. Macpherson was one of those men who are dumb in society; he was asked out to dinner because he was scientific or because men are scarce. All the other persons in the book were much younger than these. And one was a mere chit. The youngest Miss Darling was clever, and the elder was very nearly engaged to a curate. The third girl was Tom Beamish's niece." The author in the above epitome has introduced them thoroughly. Besides which there was Tony Darling with his perpetual note of interrogation.

\* Says Mrs. Darling: "You must be a good boy now, Tony, and show what a little man you are by helping us to bear up."

"Why must I bear up, Mummy?"

"Oh, it's far braver to bear up, darling."

"When I'm a big man shall I bear up?"

"I hope so, dear."

"Does Mr. Beamish bear up, Mummy? Will Lord Eling bear up?"

"If I'm to keep my reason I must go," said Tom Beamish.

With the exception of the aforesaid Tony, all these delightful people, old and young, had their love affairs.

It was always understood by her circle, and certainly by Miss Crawley herself, that at some future indistinct date she and Tom Beamish would marry. Tom Beamish himself also seemed to accept his position, but at the time the story opens he had not got any further forward. The Fates intervened when for the first time he beheld Julia Crawley wearing her pince-nez. It was in church, and the peace of the Sabbath departed.

"I hope you will come in to lunch, Tom," said Miss Crawley meekly as they stood together on the doorstep.

"Thank ye," said Mr. Beamish, who persisted in this method of pronouncing the word because his father had always done so before him, "but I am expecting Willie Macpherson to lunch."

Julia," he said, coming half-way up the steps and speaking humbly, "don't wear them! For Heaven's sake, my dear girl, don't wear them! It's horrible. I can't bear it."

Clemmie, his niece, is a most delightful little person who conceives it her duty to become a militant suffragette. The sufferings of a little child in an insanitary cottage brought her to the point. Her interview with the local policeman in the middle of the night, when she is attempting to set fire to a shed is very amusing.

"I don't hold with women being out much o' nights, Miss Clemmie, especially ladies."

Clemmie proceeds to explain that even a Turk leads man to imagine that he has a profound sense of chivalry for all women.

"If you'll excuse my saying so," said Roberts, "I don't believe your papa would like you to use them words, Miss Clemmie."

In the end Tom Beamish turns his affections to Mrs. Darling, but Miss Crawley accepts it with courage, and takes Willie Macpherson instead.

The elder Miss Darling marries her curate, and naughty Clemmie was married to Bob Damer in the Guards Chapel. "To this day Bobby has very little recollection of it. He remembers lurking in the vestry for a long time with Newman Greaves, who told him to keep calm and not make an exhibition of himself, and that there was a tall clergyman with a great flat prayer book that alarmed him very much, and he knew there was a bishop with enormous sleeves, and a bunch of pale blue bridesmaids waiting at the door of the church, and that he himself was in a tight uniform, and wished he wasn't. . . . Then Clemmie came, and it was all right."

H. H.

**THE SINGING OF THE CHILDREN FOR THEO.**

Little Theo's gone away,

Gone away;

We shall never see her play,

See her play,

Here and there, the livelong day.

God in Heaven loves us all,

Loves us all;

Little Theo heard Him call,

Heard Him call,

And she let her playthings fall.

God in Heaven loved her so,

Loved her so;

Little Theo, will you go?

Will you go?

And she left us here below.

Very gently let us sing,

Let us sing;

Theo now remembering,

Remembering;

Loving more than anything.

\* By S. Macnaughtan. Smith, Elder & Co., London.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## THE SPIRIT OF RESPONSIBILITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I say that I think it is impossible to generalise as to the spirit of responsibility, but it does not seem to me that deteriorate is in any case the right word to apply to it. It is a quality which is either present or absent, but I fail to understand how it can deteriorate. I agree with your correspondent "A Trained Nurse," that it is not characteristic of any one class. It may be lacking in an educated woman, and strongly developed in an uneducated one. Where I differ from her is that it appears to me—I may be wrong—that she is arguing for blind unreasoning "loyalty" and to my thinking loyalty founded on conviction, and on belief in the just rule of a superior officer is the only loyalty worth having. I have the reputation of being a loyal worker, but I would never remain in an institution where I did not respect the powers that be. Therefore I can conscientiously uphold authority. That to me is the secret of loyalty, not blind obedience.

Yours faithfully,

TEN YEARS A NURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am sorry that "A Trained Nurse" regards my friendly comments as strictures. But at least she endorses my proposition that "the doctrine of non-responsibility may be carried too far," so we have a point of agreement.

Yours faithfully,

CONSCIENCE.

## ECONOMY WITH EFFICIENCY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—When the spirit of economy is or should be pervading all classes of individuals, it behoves nurses in hospitals and other institutions to see to it that, as far as they are themselves responsible, nothing in the shape of waste or extravagance is allowed. Every penny saved in the present serious condition of finance is a penny gained for the State.

The "spirit of responsibility" if it exists will nowhere be more apparent than in a nurse who conscientiously deals with public money as if it were her own. I fully believe that an enormous saving for the commonwealth could be effected in small economies by sisters and nurses who are restricted to ward management. For example in the use of bandages and dressings, in the number of articles sent to the laundry, there is too often an unnecessary lavishness far in excess of what is needed for efficiency. Again in requisites for cleaning and polishing, some reduction in quantity

or quality could be made, and the addition of a little extra elbow grease be the contribution of the women who stay at home. Perhaps the rate-supported institutions are the worst offenders in the matter of personal self-indulgence. I have seen in one institution large fires in officials' sitting rooms in July with coals at war prices. Such an extravagance in their own homes would not have been dreamed of. Coal and gas in the ensuing winter will be frightful items in institutional expenses, and it is in this direction that substantial saving may be effected. There are many obvious and efficacious ways of regulating extravagance in these items, and those responsible should see to it that they are carried out.

On all sides we are hearing of the gravity of the financial outlook. We as members of the nursing fraternity can and ought to do "our bit" in helping to ease the situation. Economy with Efficiency should be our motto.

Yours faithfully,

"THE WOMAN WHO STAYED  
AT HOME."

## AN INTERESTING POINT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Dr. Gwynne Maitland's account of the Serbian outbreak of typhus was most interesting, especially to those who, like myself, have never seen a case. A lady, now ninety, told me she had typhus when she was a girl of fifteen, and her sister also, who died. In a very long convalescence the tongue remained quite black, and rather dry. Each morning she looked at her tongue in the glass, wishing it would come right. One day, after many weeks, a thin red line appeared on one side of the tongue. It quickly widened, and in twenty-four hours the tongue was normal, and she said it was such a joy to see a nice bright red tongue again that she often ran to the glass to be sure it was still red. She never forgot it.

Yours faithfully,

E. E. P.

## REPLIES TO CORRESPONDENTS.

M. M. C.—The National Council of Trained Nurses of Great Britain and Ireland is formed of self-governing societies of nurses which have entered into affiliation with it, such as the Matrons' Council, the Society for the State Registration of Nurses, a number of the Nurses' Leagues, &c. If, therefore, you are a member of any of these societies you are a member of the National Council.

## OUR PRIZE COMPETITIONS.

September 11th.—What precautions would you take to prevent the spread of enteric fever in a house where a case has occurred? In what various ways may the patient have contracted the disease?

September 18th.—What practical suggestions can you make for checking waste, or effecting economies, in hospital and poor law infirmary administration?

# The Midwife.

## THE CARE OF THE NEWLY-BORN INFANT.

Miss Annie E. Ellershaw, of Johannesburg, in an article in the *South African Nursing Record*, says in part:—

"There still exist in the nursing world some very estimable women who are quite satisfied that they have done their duty to the infant when, after tying the cord, squeezing the breasts, bathing and dressing the child, they give a little oil, or butter and sugar, and place it in its mother's arms—to keep it warm—and if it cries give it a little alcohol to quiet it! Well, in times gone by this treatment of the infant may have been considered quite correct, but not now. In these more enlightened days we recognise that the 'special' care of the infant begins as it is 'being born.' As soon as the head is born the eyes ought to be gently and quickly bathed with biniodide of mercury 1-5000, so as to lessen the risk of sepsis to the eyes from vaginal discharges, and when the child is born the eyes should be shaded from glare or bright light. As soon as the cord has ceased to pulsate, it must be tied very firmly about two inches from the umbilicus—ligaturing at this distance lessens the danger of tying a portion of the bowel which may have protruded into the cord. Now, whilst waiting to tie the cord, the infant's hands should be sponged, and the eyes again attended to by using separate swabs (for each eye) of wool dipped in warm boracic lotion, and, opening the eyelids, squeezing the lotion into the eyes, then swabbing the eyelids very gently.

"The mucus from the mouth must be carefully removed by using a little sterilised linen, gauze or wool (damp) tightly wrapped round the finger, and covering the nail, and introducing the finger into the child's mouth, clearing it of all mucus. The nostrils also need a little attention. If the child does not breathe satisfactorily, and you can hear the loose rattle of mucus in lungs and throat, after tying and cutting the cord, hold the infant up by its feet and you will find mucus running from nose and mouth. Clear, and repeat the treatment if necessary. The infant then is covered with a warm flannel (receiver) and placed in a warm basket or cot. If it is covered with vernix caseosa (white cheesy sort of stuff) it is just as well to rub over the body a little olive oil, which appears to absorb it.

"A little incident of my training days has just flitted across my brain. It is with reference to 'vernix caseosa.' I was attending a second case in a tenement building when a youngster ran up to me and enquired if I were taking a baby to his mother, because if so, I must take care to let her have a clean one, as the one I left at a neighbour's 'they said was very dirty'!

"The temperature of the first bath should be 105 deg. F. Cold water must be put into the bath first, then heated to the required temperature by the addition of boiling water. The child's head and face are washed first and dried, then the body and limbs are rubbed all over with soft flannel and soap (Castile, Cuticura and Velvet soaps are nice for babies), and immersed in the bath, rinsing off all soap, and also at the same time removing any remains of vernix caseosa.

"When the infant is lifted from the bath, it must be laid on its chest, either on the lap, well protected with an apron and thick towel, or on a specially prepared table."

After describing the dressing progress in detail, Mrs. Ellershaw continues:—

"Now, whilst all this bathing and dressing is in progress, a nurse has ample time to find out whether the infant has any imperfections, such as cleft palate, hare-lip, talipes, spina bifida, navus, imperforate anus or penis, and if there are any, she must call the attention of the doctor to them at once.

"Sometimes in very young infants the breasts become very much inflamed. They must not be squeezed, but a thick layer of absorbent wool put over them. This prevents pressure, and the inflammatory condition will disappear in a day or two if not interfered with.

"It is a great mistake for nurses to think that the newly-born infant because it cries needs feeding. It must cry—it is good to cry—it develops the lungs to cry, and after it has cried, it may be a little thirsty, and so, in its own way, it asks for a drink of water, which may be sweetened, and a little warm sterile water at intervals for the first two days is really all the dear wee mite requires in the way of food, but it does ask very plainly and pitifully to be kept warm, dry, and comfortable; and because it is good and does not cry, it does not want to be put aside and forgotten—it just asks to be loved!

## THE TAPLOW HOUSE NURSING HOME.

Mrs. Du Pre, whose husband, Member of Parliament for South Bucks, is now away on active service, has turned Taplow House, Taplow, into a maternity home for the wives and widows of naval and military officers. The house, rechristened the Taplow House Nursing Home, stands in charming grounds, twenty-one miles from London, and has accommodation for twenty patients. Miss E. South, trained at St. Bartholomew's Hospital, has been appointed Matron, and been helping to furnish it, but cannot take up work there till October, as she is doing sister's holiday duty in the Maternity Ward at St. Bartholomew's. Miss Pilkington trained at Guy's Hospital, London, and the Rotunda Hospital, Dublin, is in

charge at present, with Miss D. G. Johnson, also trained at St. Bartholomew's, as Sister. A home of this nature must be a boon to many just now, and we have pleasure in drawing attention to its existence.

### AN ASSEMBLY OF BABIES. ST. ANTHONY'S CLUB.

St. Anthony's Club, Dublin, of which the *Irish Weekly Times* gives an interesting description, which we publish in part, is located in Lower Dominick Street, Dublin.

To anybody possessed of a very small fund of imagination this Babies' Club is full of living interest. The babies have worlds of wonderful possibilities before them, the most priceless treasures of a nation, each the rising hope of some kindly, warm-hearted Irishwoman. Every child atom is of a goodly countenance, who, if born in a palace instead of a Dublin back street, would be clothed in purple and fine linen, waited upon, hat in hand, by the noblest and the most skilful in the land, so that no perverse wind might carry it harm. A child, the most wonderful part of God's creation, is, strangely enough, the only thing of value in the world that is subject to such vicissitudes of fortune, varying from luxury to absolute and utter neglect. A puppy dog, a calf, a horse—anything you like to name, animate or inanimate—if it possesses value, is carefully kept from harm no matter in whose possession it may find itself. The children of the poor are permitted to die like flies, and if they manage by good luck to struggle through, they have a hard time. Comfortless homes, garbage very often for food, rags to keep out the cold—no sweets, no toys, no fairy tales, no country excursions. And yet they are endowed with the same faculties as the children of the well-to-do. Their imaginations can be dazzled by the same dreams as the boys and girls who revel in stories of heroes and giants, and of magic swords and jewels rich and rare. The boys who emerge from the slum have sometimes been fortunate enough to find a covering in the King's uniform, and the King's army has often been equally fortunate in discovering in such some of its finest fighting material. Life with these children is one constant fierce fight; millions of them go under before they learn to lisp. Others grow to manhood and womanhood, and occasionally the miracle happens, and they become honoured members of the community.

To its eternal credit be it said, the Women's National Health Association is making a valiant effort to do something for the Babies of Ireland's poor. St. Anthony's Club is a particularly active Branch of this excellent Society. Nurse Barry, who forms a very necessary and valuable part of the Club's equipment, pays 270 visits per month to mothers in their own homes. These ladies meet the mothers and the children at the Club every Thursday from three o'clock to six. The first operation is the weighing of the babies, and the recording and comparing of the results with those of previous weeks. Doctor Ella Webb, who

freely gives her services, attends every fortnight, and prescribes for ailments, or else sends sick babies to Hospital or to the Dispensary, under the supervision of the nurse. Miss Sharkey, of the Department of Agriculture and Technical Instruction, conducts cookery classes in the winter months for the benefit of the mothers, who thus learn how to prepare nourishing food in the most wholesome and inexpensive way. At each demonstration small dinners are cooked, and those sold to mothers at trifling cost. During summer time there is a sewing class in charge of Miss Eileen Moore, and conducted by Mrs. Crean and Miss Fishbourne. Here articles of baby clothing as well as garments for mothers are tacked together, and given to the latter to sew at their leisure, the material being purchased wholesale by the Association and sold at cost price to the members of the club. Thus these good mothers are enabled to keep themselves and their little ones comfortably clad. The Hon. Secretary is Miss K. Conroy, No. 6, Clare Street, Dublin.

Miss Conroy has organised a Coal and Clothes Fund, to which about seventy mothers contribute sixpence a week; and which enables them to obtain four bags each, per share, at lowest cost in the cold weather, as well as to purchase materials for clothing. This Society supports itself altogether from subscriptions by merchants on the north side of the Liffey, by small entertainments given by the members, jumble sales, &c.

Preserving the lives of the babies is patriotic work of a high order. In the case of St. Anthony's Club this is especially true, as three of the mothers are widows whose husbands have fallen in the War, and several others have husbands and sons in the firing line.

### WAR NAMES FOR FRENCH BABIES.

There is not a little doubt in the minds of many patriot parents of provincial France, says the Paris correspondent of the *Times*, as to where the line should be drawn in the choice of war names for children born these days. Many municipalities have shown great indulgence and have admitted the registration of numerous little "Jollres" and "Joffrettes." An inhabitant of Bordeaux, however, was greatly disappointed when the registrar told him that the name "Revanche," upon which he had set his heart for his daughter, did not figure in the official calendar, and that he dared not risk exercising his prerogatives to such a degree as to sanction it.

The limit would appear to have been reached by a happy father in a village of Touraine who, it is said, has just had his child christened "Poilu"—a very appropriate appellation for a French soldier in the trenches, but not, as in the case in question, for a little baby girl.

It seems a pity that the babies who at present have "no language but a cry" cannot be consulted, as they will be known throughout their lives by the names they now receive.

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## EDITORIAL.

### WASTE IN CAMPS.

The need for economy is at present being urged upon the nation. More especially the women are invited to save every penny possible, and many of them are conscientiously endeavouring to do so, in order that they may help to replenish the national exchequer.

But there is one direction in which waste is going on in which it might be checked, and money saved to far greater effect than is possible from the revision of the *menu* of women with slender incomes, and the frugal self-denial which limits their consumption not only of luxuries but of necessities.

From near and far comes word of the terrible waste of food which is going on in camps, both from the lack of efficient control and knowledge, resulting in the rejection of good food which if cooked suitably, and served palatably, would fulfil its purpose in life, and nourish the men of our armies; and also because it is the custom, when striking camp, to bury, or otherwise dispose of quantities of stores. Thus a correspondent of the *Times* writes:—"As Commandant of a small Red Cross hospital where men from many of the surrounding camps have been nursed during the past year, I have had many opportunities of hearing this matter discussed by the soldiers, and the same statements have always been made. They have seen pounds of bread (often uncut loaves) thrown away mouldy, because too much was given out at a time; and entire joints have been buried time after time, owing to their not having been sufficiently cooked in the field kitchens; while the hungry men have had to go dinnerless after a long morning's work! If you consider the fact that it takes a mistress of a house some time to learn the most economical and healthful way to provide for a large family or household, is it to be

wondered at that young officers are not proficient in catering for their regiments, nor the newly-trained camp cooks now employed in the new armies capable of judging either of the quantity of food required for each mess, nor of the time required to cook the large joints?

"Would it be quite unreasonable to hope that now women's services are so largely employed, and so willingly offered to their country, some of the most capable ladies might be selected at each military station to form a working committee and to undertake the entire control of the catering for both officers and men? I feel convinced if this could once be started an enormous saving would be made, and the troops would greatly benefit."

Another correspondent writes:—

"I was at — in July, when the brigade in camp there was moved, and I know from personal observation of the waste then. I saw women come from the camp with a wooden case containing tins of condensed milk and other sealed packets of groceries and they were lamenting that they were not in time to secure 1 lb. packets of tea, numbers of which had been opened and thrown into the pails for refuse. One woman told me that her husband said, 'You may just as well have these things as let them be destroyed.' They had come from Newcastle to say good-bye to their men. There were 150 loaves destroyed and quantities of jam in tins, and all this was done at one mess on the evacuation of the camp. Such waste as this at every camp all over the country must amount to thousands of pounds."

Domestic management is a department in which women are past mistresses, and if the Government sought their aid in relation to the means by which waste could be checked, many thousands of pounds might be saved, and our soldiers might get the full benefit of the provision made for them.



## OUR PRIZE COMPETITION.

**WHAT PRECAUTIONS WOULD YOU TAKE TO PREVENT THE SPREAD OF ENTERIC FEVER IN A HOUSE WHERE A CASE HAS OCCURRED? IN WHAT VARIOUS WAYS MAY THE PATIENT HAVE CONTRACTED THE DISEASE?**

We have pleasure in awarding the prize this week to Miss A. B. Owen, the Nurses' Home, St. Bartholomew's Hospital, E.C.

### PRIZE PAPER.

After the removal of the patient to the hospital, the greatest care should be exercised in dealing with everything that has come into contact with the case. In enteric fever the infection is almost entirely given off in the discharges, especially the stools, the urine, the expectoration, and the pus from abscesses, particularly those in connection with diseased bone.

All these discharges and any soiled articles of clothing must therefore be very cautiously handled.

All linen, cotton, and silk articles which can be removed should be boiled for at least ten minutes. Movable textile materials which cannot be boiled, such as blankets and woollen materials, mattresses, pillows, rugs, &c., should be removed and disinfected by steam.

The remaining articles should be laid as open as possible, and the room must then be fumigated by sulphurous acid or formaldehyde. After fumigation, any furniture or movable articles should be taken into the open air, brushed, and carbonised as far as possible. The feeding utensils, bed-pans and urinals, &c., should receive the greatest attention, and be thoroughly disinfected, should it be necessary to make use of them again.

Should the case be nursed at home, even greater care is necessary. In addition to the above precautions, the nurse should ensure the complete disinfection of the stools and urine. An equal bulk of some strong chemical, such as carbolic, 1-20th solution, or Lysol 1-10th solution, should be added to the excretions, and they should then stand covered for at least half an hour before being emptied into the drain.

The nurse should take the greatest care to prevent her dress from being soiled with discharges. Her forearms and hands must be washed carefully, and the use of the nailbrush not omitted.

It is also advisable to immerse the hands for a short time in some disinfectant solution.

In nursing a private case, it is essential that all utensils, feeders, bed-pans, enema syringes, &c., used by the patient, be reserved for the person's sole use.

The usual path by which enteric fever is conveyed is by water to which the typhoid germs have by some means or other obtained access.

This is generally due to contamination with sewage, and if such water is drunk or used in preparing food.

The patient may have eaten some vegetable which had been prepared with such water, or more possibly have eaten some shellfish or watercress taken from polluted water.

Many cases are traced to the eating of ice-creams which have been made with water infected by the organism.

Any foods which the patient has eaten may have been infected with bacilli, flies being capable of settling on typhoid excreta, and from thence carrying the bacilli to articles of food.

In this instance milk may even have been the cause of infection, the milk becoming infected by the milk-can being washed in infected water, or the infection of the milk through the soiled hands of an unrecognised typhoid patient.

Typhoid carriers constitute a real source of danger to the community, and it is difficult to trace the source of infection when it arises from a "carrier."

Dust is largely responsible for the spreading of the organism, and various epidemics have been caused in this way. In all cases the bacillus originally comes from the urine or faeces of a typhoid patient, and is taken into the body by the mouth.

Enteric fever may be spread by nurses and those in attendance on a patient, unless the utmost care is conscientiously exercised, as in this case the patient may have come in contact with a person who was attending a case of enteric fever, and whose hands may have been soiled by excreta. Thus she may have indirectly conveyed the organism to herself.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Linda M. Smith, Miss Rosa Kisby, Miss F. Gladys Steel, Miss A. Harding, Miss E. E. Hall, Miss Dora Vine, Miss Madeleine Butter, Miss Henrietta Ballard, Miss G. A. Johnson.

Miss Linda M. Smith points out that the injection of anti-typhoid serum has done much to lower the incidence of typhoid fever, and has been very successful in protecting the troops in the present war.

### QUESTION FOR NEXT WEEK.

What practical suggestions can you make for checking waste, or effecting economies, in hospital and poor law infirmary administration?

## SANITARY PROBLEMS IN HOSPITALS FOR INDIAN TROOPS IN ENGLAND.

In a paper read at the Sessional Meeting of the Conference convened by the Royal Sanitary Institute at Brighton, on September 3rd, Major S. P. James, M.D., D.P.H., I.M.S., of the Kitchener Hospital, Brighton, stated that it is equipped to accommodate over 2,000 patients, and is run by officers of the Indian Medical Service, with a staff of assistant surgeons and sub-assistant surgeons belonging to the Indian Subordinate Medical Department, and a personnel numbering about 400, comprising Indian nursing orderlies, storekeepers, writers, cooks, water carriers, conservancy sweepers, and other followers. Among hospitals in England it is unique in the absence of female assistance, even the laundry work being done by Indian washermen specially brought for this purpose. He said further:—

I now turn to the arrangements for enabling Indians to live in accordance with the customs of their country, and in this connection I propose first to show you typical representatives of some of the races for whom the arrangements have had to be made. (This was done.)

All these classes have customs and prejudices differing from those of the other classes, and which must be strictly adhered to and safeguarded in order to prevent the individual members from losing caste. We have ensured this in our hospital by appointing a committee composed of Indian commissioned and non-commissioned officers of every caste, whose duty is to see that the arrangements for safeguarding caste customs and prejudices are adequate, and that the men themselves take advantage of the facilities given.

In the limited time at my disposal I cannot tell you many of the habits and customs of the various classes, but must deal with the matter in a general way. Special arrangements have to be made as regards food, drinking-water, bathing, latrine accommodation, religious observances, and funerals.

In connection with food, we arrange as a routine measure for eight different kinds of diet, and supply separate cookhouses for six different classes. The food of the patients is cooked in twenty-one cookhouses in the hospital grounds, and that of the subordinate staff in sixteen cookhouses in the village. The Hindu cooks must in all cases be of the same or of a higher caste than the patients for whom they cook. The chief article of diet of all the fighting races in India is a kind of bread made

from partially husked grain ground by hand between two round slabs of stone. The flour (which in India is called *atta*) is kneaded into dough with warm water, and is usually unleavened, but a little soda and salt are added. The dough is divided into small portions, which are moulded between the hands into round flat pancakes called *chappaties*, and baked on an iron slab over a wood fire. In this country wholemeal flour most nearly resembles the *atta* used in India and is the kind supplied, one and a half pounds per day being the ordinary ration. So-called high-grade very finely ground flour is considered by Indians to cause indigestion and diarrhoea, and for this reason, on the recommendation of the caste committee, we had some time ago to refuse for their use a large quantity of best quality flour which had been generously presented by the Canadian Government. The iron slabs in our cookhouses are heated by gas-rings, which the Indians admire as a great advance over their wood fire arrangements. I pass round one or two *chappaties* for your inspection, and you will have an opportunity of seeing them being made and cooked this afternoon.

A second indispensable article of diet is clarified butter, which in India is called "ghee." It is essential that this article should be made from milk only, without the addition of any other kind of fat. If animal fat were present, the caste of a high-class Hindu who ate it would be irretrievably broken. In order to avoid any possibility of such an occurrence it has been our practice to issue the best quality of English butter in lieu of ghee, the ordinary ration being three ounces per day.

As regards meat, you are aware, of course, that all Mohammedans eat beef, but that the practice is very abhorrent to Hindus, who regard the cow as a sacred animal. For this reason no beef is allowed inside the hospital. Bacon and similar meat is also entirely prohibited.

You are aware, also, that the Indians must themselves slaughter the sheep which they use for food, and that they must do it in the special manner enjoined by their religious sects. In the grounds of the county borough abattoir they have been provided with a new slaughterhouse for this purpose. For Hindus the correct method is to sweep the head of the animal off the neck with only one stroke of a *talwar* or sword.

For Mohammedans the mouth of the animal must be pointed towards Mecca, and then the throat must be cut from the front so as to sever the great blood vessels, but not touching the

spinal column, which is regarded as unclean. The man who kills for Mohammedans should be one who prays five times daily, and he must utter a prayer at the time of slaughter. In general, all Mohammedans are meat eaters, but among Hindus the highest caste will not eat anything which necessitates the destruction of life.

As regards drinking-water, it is only necessary to say that separate drinking-water fountains for Mohammedans and Hindus are provided throughout the hospital.

Washing and bathing are very important duties for all Indians, and ample facilities have to be provided. In the hospital buildings there are no fewer than seventy specially constructed bathrooms, each accommodating several patients at a time, and having hot and cold water supplies laid on to overhead showers. When I tell you that an Indian must bathe the greater part of his body before each time of prayer, and that a good Mohammedan must pray five times daily, you will not perhaps be shocked to hear that the amount of water used in the hospital averages between sixty and seventy gallons per head per diem.

The manner in which water-closets have been constructed so as to be suited to the habits of Indians is an interesting sanitary feature which will be demonstrated this afternoon; and it will also be explained how use of stones and earth for cleansing purposes by some classes of Indians has necessitated special arrangements to prevent blocking of the drains leading to sewers.

For religious observances the Sikh Hindus have a house of prayer, in which their holy book or "Granth" is kept wrapped in silk under a canopy of gaily coloured cloth. Here a great crowd of Sikh patients assemble with bare feet each evening to listen to the reading of the book and to recite their prayers. For Mohammedans it was not possible to provide a stone building or room, because, if that had been done, it would for ever have had to remain a mosque belonging to the Mohammedan community. On the recommendation of the caste committee, the difficulty was overcome by constructing a temporary shelter or travellers' mosque, which can be removed at any time without offence to religious susceptibilities.

Finally, a word must be said about funeral arrangements. Mohammedans bury their dead, but among Hindus cremation is the rule. When a Mohammedan dies, his comrades prepare the body for burial, and it is then conveyed to the Mohammedan cemetery at Woking, where the funeral ceremonies are carried out under the

direction of the Mohammedan priest who resides there. Hindus who die are cremated by members of their own caste on a specially prepared site on the Downs at Patcham. The burning is done on a funeral pyre of wood logs in precisely the same manner and with the same ceremonies as would be performed in India.

## HOSPITAL TREATMENT OF PREVENTABLE CASES IN MENTAL DISORDER.

Dr. W. A. Chapple, M.P., writing in the *Lancet* on the need for hospital treatment of mental disorders, says that "the difficulty of getting alienists to address themselves to the real problem of the hospital treatment of preventable cases in mental disorder is one of policy—viz., the classification of mental cases into two great divisions, preventable on the one hand, and confirmed or dangerous on the other.

"To the alienist the ideal is to bring within his scope the whole field of mental disorder. Early and preventable cases inspire him. He is conscious of his service and power when such cases are brought to him for treatment. He ignores the very essential fact that to every case, whether early or late, which he treats in an asylum he adds the stigma of insanity. If it were not for this, there would be no problem to face. The question is, How can early and preventable cases be dealt with without branding the patient and saddling him with a disability that must remain with him for life, and even be handed down to his posterity? The popular test of insanity is commitment to an asylum. 'He has been in an asylum,' 'His mother was in an asylum,' 'His father was in an asylum,' are the popular phrases by which the stigma is expressed, and to this comment upon an inmate, however brief his detention may have been or trivial his mental disorder, there is no possible reply or explanation to satisfy the popular mind.

"It is already a notorious fact that a far larger proportion of our soldiers in the field are suffering from nerve-wrack and mental shock than in any preceding war. It is equally notorious, happily, that these symptoms are generally temporary and capable of complete removal by appropriate treatment. It would be a cruel wrong to brand any recoverable case with the stigma to which I have referred, and, in addition, to weaken his chance of employment in the future. Now the problem before the War Office is how to treat these soldiers without contact, either in appearance or in reality, with any institution associated with

lunacy or even with mental experts whose treatment of the case, or whose management of the institutions to which these soldiers are sent, may justify in the popular mind the painful association that an asylum entails. I have said that the ideal of the alienist is to bring all classes of mental disorder within his purview. The ideal for which a large number of Members of the House of Commons, and many outside the House who are associated with them, stand, is entirely opposed to this. It involves little or no change of treatment. It is a question of administrative policy. In this ideal two domains are recognised in the field of mental disorder, *the Hospital domain and the Asylum domain*. The characteristics of the former are the characteristics of any special department in general hospital practice—voluntary admission, voluntary residence, early and preventive treatment by medical specialists, absence of repugnance to patient or friends, and freedom from all suspicion of stigma. The characteristics of the asylum domain are: the strictest safeguards against unnecessary internment such as are implied in legal certification, compulsory incarceration and detention, and the inevitable and ineradicable stigma associated with the painful facts of compulsory detention and loss of liberty. Now between these two domains, according to this view, there is a great gulf fixed. They should be kept separate and distinct; and rarely, if ever, should an alleged lunatic be committed to an asylum until he has passed through, and not profited by, preventive treatment in the hospital domain.

"A very grave difficulty at present exists in the absence of such a hospital alternative. At present, when a person suspected of mental disorder is being examined, the examining physician must either certify insanity or freedom from insanity. If he certifies insanity and the patient is committed, the doctor accepts the grave responsibility of adding to that person and even to his posterity the stigma of insanity. If, on the other hand, he certifies freedom from insanity, he accepts perhaps a graver responsibility—that of giving a person his liberty who might commit suicide or homicide. It is not uncommon for the doctor to accept the lesser responsibility, and certify a doubtful or difficult case. If a third alternative existed, and a patient could be received into a preventive hospital for diagnostic observation and treatment, there is not the slightest doubt that a large number now certified as insane would be given the advantages which such a scheme would provide. If hospital provision such as I have described existed, the area of certifiability

would be immediately diminished, and a large number would escape detention and escape also the stigma attached to it. Asylums would then be relegated to their proper function of providing for confirmed or dangerous cases, and our best alienists would come into the hospital domain, enjoy the status, and do the very excellent kind of work that is now done by the specialists in our other great hospital departments. For this complete detachment of the hospital sphere from the asylum sphere in the treatment of those suffering from mental disorder many Members of the House of Commons have been contending for some time, and alienists can at this opportune moment serve the purpose of a great and much-needed reform if they lend their aid to a scheme that will protect the most afflicted of our people, and at the same time promote their own status and usefulness."

### GAS POISONING.

Major Walter Broadbent, M.D., M.R.C.P., R.A.M.C. (T.), writing in the *British Medical Journal* on "Some Results of German Gas Poisoning," says:—

"Cases of gas poisoning rarely arrive in this country until all the acute symptoms are over, but in the first days of the use of gas two men came under my care who had only been gassed a few days before. Their chests were full of fine moist râles, and there was great dyspnoea. Oxygen they did not like, but compound tincture of benzoin in a steam-kettle gave some relief. The thing, however, which did far and away most good was a big linseed poultice over the whole back. The men constantly asked for the poultice to be repeated.

"On admission neither of these men had any albumin in the urine, but a few days later in one of them albumin appeared and rapidly increased in quantity, the urine becoming very scanty. Epithelial and granular casts were present in abundance. The legs became oedematous and the face puffy. There was no rise of temperature. All the moist sounds in the lungs had in the meantime cleared up. The man was in the hospital for two months with very little improvement in the renal condition, and the oedema was still present. He then wished to be transferred to a hospital near his home.

"Since then I have seen three other cases of nephritis in men who had been gassed. One had uraemic headaches and early albuminuric retinitis. Obviously nephritis is one of the deadly sequelae of this gas poisoning."

To nurses the care of these cases has been one of their most harrowing duties during the present War, as the agony of the sufferers is so intense. The news of any treatment which affords real relief is most welcome.



## NURSING AND THE WAR.

Through the good offices of the Editor of *Wings*, the official organ of the Women's Total Abstinence Union, we are able to publish the accompanying picture of Mrs. Hankin Hardy, who has been doing good work in Serbia amongst the wounded and prisoners. Our contemporary states that "Mrs. Hardy, after spending some arduous months in Serbia, amid scenes of indescribable suffering and difficulty, returned to England with a warrant from the Serbian Headquarters Staff, as the Lady President of the National League of Serbian Women in Kragujevatz, 'empowering her to be kind enough to engage herself in collecting the requirements for one of the new hospitals, from England, our Most Noble and Mighty Ally, who has ever aided those in need and protected the weak who, in defence of their country and for the furtherance of the victory of the Allied Arms, have engaged themselves of all their resources.' The hospital is to be one of 4,000 beds and we understand that Mrs. Hardy has been able to secure, through the kindness of friends, about half the equipment required for it. How much her efforts have been appreciated is evident from the following letter received by her from the Serbian Minister of the Interior:—

"I wish to thank you personally for your noble efforts to help us in our distress.

"At the same time, I would be grateful to you if you would explain to the British nation that if it had not been for their self-denying and abundant help and assistance, we had been compelled to take care of our wounded and sick all alone. How could we have managed it, you are the witness. There is the reason for our deep gratitude and indebtedness which we feel toward the British nation, having experienced on ourselves the proverbial British nobleheartedness, which we had known before only from the books. The place

of honour in this help is occupied by the women of Britain, who have done so much for Serbia as we can never repay. Tell, therefore, the women of Britain that our admiration and gratitude for their help will last for ever."

Speaking at the annual meeting of the Union when at home on her mission, Mrs. Hardy said that after going through the Spanish-Cuban and the South African Wars, and spending five weeks in France during this present campaign, she had never seen such sad sights in her life as those she had witnessed in Serbia during the last four months. With eloquent simplicity she described

the way in which this sturdy, independent little nation is fighting for its life, and with pathetic earnestness told how she had found in Nish and elsewhere hospital after hospital crowded to overflowing with sick and wounded men—without food, without fires, without bedding or medical appliances, without anyone to attend to them in any way. After she had been at work for weeks, Sir Thomas Lipton visiting her could only say, "Oh, God, that such things can be!"

It was easy to criticise the Serbians, but let English people go back a hundred years in their history and remember the state of things amongst their own soldiers before a Florence

Nightingale arose. In Serbia every man went to fight for his country as soon as he heard the battle-cry, leaving everything; they were all soldiers, and the awful situation in which they now found themselves was not their own fault; they had been drawn into the quarrels of stronger nations than their own. She had only returned at the request of the Government to say thank you and plead for more help. When she returned she was taking out a shipload of things.

The chivalrous Serbian Government has not only decorated Mrs. Hardy, but also her husband for allowing her to go to their aid.



MRS. HANKIN HARDY.

### ARRIVAL OF NURSES OF THE AUSTRALIAN ARMY NURSING SERVICE.

A number of members of the Australian Army Nursing Service are now in London, waiting to be deputed to duty. When they left Australia they numbered 134, but 50 were left in Egypt. Of the remainder 21, including the Matron, Miss Cooper, are assigned to No. 1 (Australian) Hospital Ship, and 21, with Miss Strickland as Matron, to No. 2 Hospital Ship. The remaining 42 will be assigned to convalescent depots, including Harefield Park, near Uxbridge, where the convalescent depot is rapidly becoming a military hospital of regulation size.

Miss Cooper was trained at the Prince Alfred Hospital, Sydney, and Miss Strickland at the Melbourne Hospital under Miss Amy Burleigh at a time when Miss Gray was a Sister there. She was afterwards promoted to be Sister and then had a private hospital of her own—Sandringham—which at present she has suspended in order to take up her duties in connection with the Australian Army Nursing Service, which she joined in time of peace.

The Medical Officers of the ships are Colonel Craig of No. 1, and Colonel Brockway of No. 2.

The voyage of the contingent was made in H.M.A.T. *Orsova* without exciting incident. She called at Fremantle, and at Aden. As she neared the English coast there were rumours of submarines, and she was escorted up the Channel by two destroyers. The destination of the ships is at present quite uncertain. They may go to the Dardanelles, or backwards and forwards to Australia with wounded. Whatever the service they are ready for it, only desiring to be of use to the brave Australians who have given their services to the Empire, and are now sick and wounded.

The following Sisters are included in the contingent: Sisters Cronin, McKinnon, McSpedden, Le Messurier, Coonan, Christenson, McHardy, Toan, Wildash, Wearne, Byrne, Lewis, McGillvery, Grover, Parish, A. Uren, C. T. Uren, K. Walker, L. Walker, Kennedy, Vines, Burns, Trayhurn, Burkitt, Love, Smallwood, Bartlett, Hammersley, Leitch, Jenkins, Marchant, Ritchie, Begley, Harden, Bull, E. Jones, Ryan, Buchanan, Moffat, Moore, Clouston, Collins, Were, Fisher, McAnene,

Matthers, Taylor, Clarke, Dawson, Thompson, Gilham, Odgers, Ellis, V. I. Clarke, E. D. Smith, Roberts, Cockhill, Priestley, Lyme, R. S. Taylor, Munro, Symons, Nicholson, Moberly, Humphries, Mulholland, M. Jones, Axelson, Carnac, Kitson, W. J. Smith.

The Sisters are at present enjoying their stay in the Metropolis. For many it is a first visit, and all evidently are appreciating their visit and utilising it to the full. The military uniform of the sisters, if it is a reminder that we are at war, adds a touch of colour to hotel life which is both bright and picturesque.

Dr. H. S. Souttar, in the *London Quarterly Review*, has an interesting article on "The Work of our Doctors and Nurses in the Field of War." Writing of the work of the Belgian Field Hospital, in the Boulevard Leopold, Antwerp; he says:—

"We had scarcely got settled into the building when a heavy engagement occurred and the wounded began to pour in. In the space of twenty-four hours, over 150 patients had been admitted, and until the evacuation six weeks later there was scarcely an empty bed. Most of the wounds were slight, but some of them were terrible; and, indeed, it seemed in some cases little short of miraculous that the men were alive. They were all young men, and some of them must have been suffering severe pain, but one could not but be touched

by the courage and quiet heroism which we met with on every side.

"The bulk of the hardest work fell upon the nurses, and one had an opportunity of seeing how splendidly a British nurse can work under really trying conditions. For, although our building was in many ways excellent, it had none of those accessories which go so far to relieve the work in a well-organized English hospital. There was no proper hot-water supply, there were no sanitary arrangements in connection with the wards. There were no lifts, and all the dinners had to be carried up from the basement. Physically, the work was very heavy, for all our patients were heavy, able-bodied men; and as every wound was septic, they had in most cases to be dressed several times during the day. But everybody was in earnest, and everybody put their backs into



MISS STRICKLAND.  
Matron in the Australian Army Nursing Service.

the work. By the afternoon most of the heavier work was done, and I think the hospital would then have compared favourably with the best ordered hospitals at home."

When the bombardment of Antwerp began on October 7th, Dr. Soutar writes:—

"The scene on the great staircase will live for ever in my mind. For nearly an hour it was crowded with nurses, doctors and dressers, carrying the wounded down to safety as gently and as carefully as if they had been in a London hospital. I never saw a trace of fear or hesitation in any face, and yet overhead was a large glass roof, and every one knew that if but one shell struck it not a single person on the staircase would be left alive. At last all our hundred and thirteen wounded were deposited in places of safety: mattresses and blankets were brought, and they were made as comfortable as possible for the night. Four were grave intestinal cases. Seven had terrible fractures of the thigh, but fortunately five of these had already been repaired with steel plates, and their transport was easy. The night nurses took charge of the patients as if nothing had happened. The rest of us lay down to get what sleep we could."

A large contingent of nurses left London on Saturday for Malta, and others are under orders for Egypt at an early date.

## JOINT WAR COMMITTEE.

### ABROAD.

The following Sisters have left to join the Brigade Hospital, of which, as already announced, the Matron is Miss C. Todd, and the Assistant Matron, Miss Chittock:—Misses Marie G. Ash, M. H. Ballance, Lily H. Bedford, Jane Bemrose, H. E. Carstairs, J. M. H. Emsley, Hettie Fox, Mary Gordon, D. Gould, W. G. Hatton, N. O. Haydon, E. A. C. Hughes, Lynda E. Irwin, Daisy M. Ivers, Mary G. John, Mary M. Kane, Teresa King, M. G. Kimmond, Ellen Lloyd, A. H. MacCormac, Minnie MacLinn, Bessie MacMurtie, Ida M. Miniken, M. E. Montgomery, Annie H. Murray, Gladys N. Owen, M. M. Parker, Kathleen Pearse, Lily F. C. Pullin, R. M. Rogers, Constance L. Rose, Ethel Rycroft, B. H. Seager, Mrs. B. M. Seven, Misses V. D. Stewart, E. Z. Stubington, Minnie Templeton, Muriel Thompson, Alice Weston, Alice M. Webster, J. Willis, M. Ida Willis, Lucy Wilson, Norah Worsley, Whiteside, K. Austen, M. Hardie, Bertha Smith.

### AT HOME.

The following Sisters have been deputed to duty in Home Hospitals:—

*Red Cross Hospital, Waterlooville, Hants.*—Miss L. Adams, Miss M. Rawson.

*St. John's Hospital, Holmesdale, Hastings.*—Miss J. Gordon, Miss E. H. Lewis.

*T.A.D. Hospital, Clayton, Wakefield.*—Miss M. Rabbitt.

*Yarrow Military Hospital, Broadstairs.*—Mrs. Allan.

*Hill House Hospital, Lyndhurst, Hants.*—Miss C. Thelwall.

*T.A.D. Hospital, St. Anselm's, Walmer.*—Miss L. Lane, Miss R. Heatley.

*Red Cross Hospital, Wimslow, Cheshire.*—Miss W. Woodmansey.

*Gifford House, Rochampton.*—Mrs. C. Parsons.

*Dane John Hospital, Canterbury.*—Miss E. A. Mason.

*Mary Wardle Hospital, Stanmore.*—Miss L. Wright.

*T.A.D. Hospital, Mill Dam, South Shields.*—Miss C. Parminter, Miss F. E. Varney.

*Red Cross Hospital, Nethercourt, Ramsgate.*—Miss E. M. Barton.

*Red Cross Hospital, Hoole House, Chester.*—Miss Kate Gossage.

*Red Cross Hospital, Rolvenden, Kent.*—Miss E. L. Coome.

*Kensington Infirmary, Marloes Road, W.*—Miss Eleanor Slane, Miss M. Zwinger.

*Ellastone Hospital, Rochester, Staffs.*—Miss M. Harris.

*Divisional Hospital, Bedford.*—Miss Mary Elms.

*Charnwood Hospital, Ontwoods, Loughborough.*—Miss F. Kerr.

*T.A.D. Hospital, Corsham, Wills.*—Miss N. E. Smith.

*Countess of Sligo, 129, Marine Parade, Brighton.*—Miss K. F. Irvine.

*Highlands Hospital, Shorth Heath, Farnham.*—Miss E. L. Gray.

*Beckett Hospital, Barnsley.*—Miss L. Lamphier.

*T.A.D. Hospital, Thorpe St. Andrews, Norwich.*—Mrs. Lacey.

*West Dene Hospital, St. Leonards-on-Sea.*—Miss D. G. H. Foley.

*Home Farm, Holkam, Norfolk.*—Miss J. D. T. Norton.

*Endleigh Palace Hotel.*—Miss G. H. Imrie.

*Red Cross Hospital, Cirencester.*—Miss H. L. Eldrige.

*Roseneath Hospital, Vicars Moor Lane, Wincemore Hill.*—Miss L. E. Gorman.

*Theydon Towers Hospital, Theydon Bois, Epping.*—Miss E. L. Burke.

*Farm House Hospital, Holkham, Norfolk.*—Miss C. M. Jonsson.

*Convalescent Home, Golder's Green.*—Miss L. M. P. Turley.

*Higham Military Hospital, Woodford, Essex.*—Mrs. M. M. Stephens.

*Overcliff Red Cross Hospital, Westcliff-on-Sea.*—Miss A. M. Leslie, Miss C. Georgeham.

*Somerley, Ringwood, Hants.*—Mrs. Matthews.

*Glen Red Cross Hospital, Southend-on-Sea.*—Miss E. A. Pell.

*Auxiliary Military Hospital, Isleworth (Percy House School).*—Miss G. Townend, Miss E. J. Reid, Miss M. J. Fletcher, Miss E. Milne, Miss E. H. Kirkby, Miss E. Vinters, Miss L. McCallum.

*St. Mark's Military Hospital, Tunbridge Wells.*—Miss E. Green.

## CARE OF THE WOUNDED.

No branch of the organization for the care of the wounded is more important than the provision of hospital trains, in the first instance because it is

imperative for the saving of life that the wounded should, with the least delay possible, be admitted to hospital for the skilled treatment which their cases demand; and, secondly, because nothing affords a greater mitigation of the suffering of the wounded on the way from the trenches to the hospital, than the provision for their comfort, care and feeding made on a well-organized hospital train. Every one will agree that the wounded are entitled to this care, and that every effort should be made to provide up-to-date hospital trains with an adequate staff of fully trained nurses in sufficient numbers and the many visitors who have seen the hospital trains which have been on view in this country before they left for France will realize the thought, expert knowledge, and skill which have combined to make them important factors in the care and well-being of the sick.



MATRON AND NURSING STAFF,  
NO. 11 HOSPITAL TRAIN.

to men exhausted as well as wounded, may turn the balance on the side of life instead of death, and give the patient strength to fight against the inroads of disease which he would otherwise not possess.

Lord and Lady Howard de Walden have given £22,000 to the Committee of the Metropolitan Hospital to equip another floor at the hospital for the reception of wounded soldiers. Lord Howard de Walden, who is on active service in Egypt, is chairman of the hospital.

A field hospital for the 8th French Army is being organized by Mrs. Borden Turner, which will consist of twelve portable huts with folding hospital furniture and appliances.

Miss Olga Nethersole is inviting support for her effort to send out electric fans to the military hospitals established at St. Andrew's, and St. George's, Malta. The heat there is very great, so that sleeping becomes a difficult problem, and wounded soldiers who have returned from the Dardanelles say that electric fans would be gratefully received.

A contemporary, north of the Tweed, speaking of the interest taken in military hospitals says:

"Everyone can be of use, and almost everyone is of use. Not an old lady whose long day of bustling activity is nearly over but keeps plying her needle and thread in the service of 'Tommy.' The crofter's wife and the cottar's sister are ready to make butter or to bake scones or to give her eggs, high-priced though they be, to feed the King's men. She

We have pleasure in publishing on this page a

picture of the Matron and Nursing Sisters who have been doing good work in France on No. 11 hospital train and also of "Our Mascot," who travelled from Liverpool, and is evidently quite at home in her new quarters. Not least must be emphasised the importance of the good feeding possible through the kitchen department of a hospital train which



OUR MASCOT.



knows, too, not only how to make a sacrifice, but also how to do it gracefully and unostentatiously, forcibly reminding one of an ancient single-coin saint whose deed has been told in every land."

The King and Queen on Tuesday visited Bristol, and drove to the Southmead Military Hospital, Westbury-on-Trym, where they went to each ward and spoke to all the patients. Their Majesties also visited the Royal Infirmary, which is now utilised as a military hospital, and the Beaufort Military Hospital, giving great pleasure to the men in the wards.

It is related that an energetic war probationer being directed to use soda in scrubbing a ward table, went to the store cupboard and commandeered a syphon of soda water which she proceeded to squirt over the table. The Tommy who saw the incident, nearly had hysterics when relating it.

One hundred and forty-nine members of the nursing staff of the 1st Northern General Hospital and fifty-four Red Cross probationers have been mobilised up to date. Of these two Sisters and twelve nurses have left the Service, three Sisters and sixteen nurses have been transferred to other hospitals, and eight Sisters and twenty-one nurses have left for foreign service, leaving the present staff as follows:—Principal Matron, Miss Brown; Matron, Miss Preston; Assistant Matron, Mrs. Lyon; together with twenty-four Sisters, sixty staff nurses, and fifty-four Red Cross probationers.

Mme. Curie, the eminent scientist, is giving her invaluable services in connection with the X-ray work in military hospitals. An English nurse in the War zone writes in the press:—

"She came in her car, with two male assistants, to reorganise our X-rays department and to give us the benefit of her vast scientific researches.

"She goes from one hospital to another, repairing, arranging, and taking over the entire X-ray work, until she can leave it in capable hands. Her outfit is contained in her car, even to the battery that works the rays."

Miss May Sinclair, who went out to Belgium in the early days of the war, as secretary to a British Field Ambulance Corps, in her frank "Journal of Impressions in Belgium," relates that when the ambulance party were settled in a Ghent hotel which did duty for a military hospital, there were not enough wounded for the moment to go round. "To go through the wards is only to be in the way of the angelic beings with red crosses on their breasts and foreheads, who are already somewhat in each other's way."

Although the typhus epidemic has been effectively mastered, Serbia is still suffering in a manner little realised by the British public. The doctor in charge of the Wounded Allies Relief

Committee's unit at Kragujevac states that, by reasons of war and pestilence, Serbia has lost half her doctors, while the remaining half is mobilised with the army. In Kragujevac, which has a population of 50,000, there is only one Serbian civil practitioner. The conditions among civilians are, therefore, terrible, and the Wounded Allies Unit has opened a dispensary in the town. Originally consisting of 100 beds, the unit has been given two extra buildings by the Serbian Government and now constitutes the 3rd Base Hospital with 600 beds. The last typhus cases were discharged at the end of July and the entire capacity of the hospital is adapted for the many surgical and medical cases which any new movements of the army must inevitably bring.

It is announced from Simla that the latest gifts from Indian Princes included one from Maharaja Holkar of Indore of one lakh of rupees for providing comforts for Indian princes on active service; from the Maharaja Sindhia of Gwalior one lakh of rupees to the Minister of Munitions and for the equipment of an X-ray apparatus; from the Maharaja of Bhaunagar a workshop and State hospital for wounded Indians from the front; from Rani of Dhar £700 to the Queen's Fund for the Relief of Wounded; from the Chief of the Sangli 30,000 rupees for the purchase of motor-ambulances; from the Prime Minister of Nepal 340 Nepalese mechanics to manufacture munitions; from the Maharaja of Kolhapur 30,000 rupees subscribed by officers for motor-ambulances; from the Raja of Manipur four motor-ambulances; from the Junagarh Durbar three armed aeroplanes; from the Raja of Baria a State hospital for wounded Indians; from the Thakur Sahib of Morvi workshops to manufacture munitions; from the Maharaja of Rewa a second aeroplane; from the Maharaja and Maharani of Bikanir, £1,000 for relief funds.

The Secretary of the War Office announces that no crosses or memorials of any description to mark the graves of those who have died overseas can be accepted for transit.

Durable wooden crosses, treated with creosote and legibly inscribed, are already in position on, or in preparation for, all known graves, and in addition all known graves are carefully registered. It should be realized that numbers of graves are well within the range of hostile shell fire, which would as effectively destroy iron as wooden crosses. The former could not rapidly be replaced, whereas the latter could be re-erected immediately approach were possible. Further, many graves are in close proximity to the enemy, and can only be approached at night; therefore, the weight of the cross to be erected is an important factor.

These reasons and the difficulty which would be experienced in the delivery of crosses, if general permission were granted, render it necessary that, during the period of the War, only the regulation wooden crosses should be erected over graves.

## FRENCH FLAG NURSING CORPS.

Mrs. Bedford Fenwick has returned to London from France, and has presented a report to the Committee of the French Flag Nursing Corps. She referred in words of sincere admiration to the work of the Sisters at Evreux, Lisieux, Caen and Talence, which she had inspected, and greatly regretted her inability to visit all the centres where the Sisters are doing such invaluable service for the sick and wounded of the French Army, as she had been invited to do.

The report ends: "I now come to the most encouraging phase of our work. The French Government gave me facilities for visiting the hospitals at Evreux, Lisieux, Caen and Talence, and the Committee will be greatly gratified to know that the result of the good work of the Sisters is everywhere apparent, and that their devotion has met with the warmest appreciation of the patients and medical officers. Their position has been extraordinarily difficult, but they have surmounted their difficulties wonderfully, and in all the hospitals where they are on duty, especially where they are in sole charge of the nursing, they have produced order, cleanliness and comfort, the patients are evidently content, and hold them in great esteem, and the doctors point to results with pride. I only wish we had thousands to spend in extending this most humane work for suffering French soldiers—no men deserve it more—and our Corps is worthy of generous support. I thanked the nurses in the name of the Committee for their strenuous labour and its evident success."

The Committee have appointed Miss E. J. Haswell, the Senior Matron to be Matron-in-Chief of the French Flag Nursing Corps. Miss Haswell, whose record at Talence has proved her fitness for the position, will take up her residence in Paris at an early date and help Miss Grace Ellison, the delegate of the French Ministry for War, with the ever increasing activities of the Corps. We congratulate Miss Haswell upon her well-deserved promotion, and feel sure she will do all in her power for the comfort and happiness of the Sisters.

The following nurses have been selected for service in France, and leave on Friday, the 10th inst. :—

Miss Emily Watson, cert. Leicester Infirmary, also fever training; Miss Claudia Gaudin, cert. Kensington Infirmary; Miss Beatrice Ackroyd, cert. Brownlow Hill Infirmary; Miss Louisa Allen, cert. Taunton and Somerset Hospital, cert. Ruchill Fever Hospital, Glasgow; Miss Gertrude E. Denson, cert. Farnham Infirmary, also fever training; Miss Haidee A. L. Winter, conjoint cert. Seamen's and Samaritan Hospitals, Dip. Ecole Belge des Infirmières, Brussels.

## APPOINTMENTS.

## MATRON.

Reedyford Auxiliary Military Hospital, Nelson, Lancashire.—Miss E. A. Wilding has been appointed Matron. She was trained at the General Hospital, Stroud, and the West London Hospital, Hammersmith, and has held appointments at the Royal National Hospital, Ventnor, the Royal Portsmouth Hospital, and the Borough Hospital, Nuneaton.

## NIGHT SUPERINTENDENT.

Sutton Red Cross Auxiliary Hospital, Sutton.—Mrs. Mallory has been appointed Night Superintendent. She was trained at University College Hospital, and the City of London Hospital for Diseases of the Chest, Victoria Park, E., and has been Sister at the Government Hospital, Zanzibar. She is at present doing duty at the County of London War Hospital, Epsom.

## NIGHT SISTER.

Borough Isolation Hospital, Gap Road, Wimbledon, S.W.—Miss Ethel Booth has been appointed Night Sister. She was trained at the County Hospital, Lincoln, and has done private nursing in connection with the Staffordshire Nurses Institution, Stoke-on-Trent.

## SISTER.

Royal Westminster Ophthalmic Hospital, Charing Cross.—Miss Susan Love has been appointed Sister. She was trained at the Metropolitan Hospital, Kingsland Road, and has held the position of Sister at the Royal London Ophthalmic Hospital, City Road, E.C.

South Western Hospital, Stockwell, S.W.—Miss Elizabeth A. O'Brien has been appointed Sister. She was trained at St. Bartholomew's Hospital, Rochester, and has had experience in infectious nursing at the Eastern Hospital, Homerton, N.E.

Miss Sarah Smith has been appointed Sister at the same hospital. She was trained at the Township of South Manchester Hospitals, and has held the position of Sister at the Park Hospital for Children, and of Sister in Charge at St. Mary's Nursery College, Hampstead, N.W.

King Edward VII Tuberculosis Hospital, Beechwood Park, Newport, Mon.—Miss Ethel Smith has been appointed Sister. She was trained at the Brompton Hospital, Fulham Road, S.W., and at the Royal Infirmary, Leicester, and has been Staff Nurse at Cymla Tuberculosis Hospital, Neath.

## SUPERINTENDENT NURSE.

Belper Union.—Miss Caroline Woodward has been appointed Superintendent Nurse. She was trained at the Birmingham Union Infirmary, and has held the following appointments in Poor Law institutions: Nurse at the Lincoln Infirmary, Charge Nurse at Norwich Union Hospital, Charge Nurse at Chester, and Superintendent Nurse at Prestwich Infirmary, Bakewell Infirmary, and Cannock Infirmary.

**RICHMOND MILITARY HOSPITAL.**

The following appointments have been made at the Military Hospital, Richmond, Surrey, of which Miss Gertrude Fletcher, Q.A.I.M.N.S.R., is Matron. The training school is indicated in each case:—

**SISTERS.**

Miss Brizzell (Rockhampton General Hospital, Queensland, Australia, Matron Government Hospital, Leribe, Basutoland), Miss Bramwell (Croydon General Hospital), Miss Beatrice Stokes and Miss Winifred Stokes (West London Hospital), Miss A. L. Walker (University College Hospital), Miss M. G. Welch (St. George's Hospital), Miss G. Birkett (West Ham and Eastern General Hospital), Miss M. H. Nicol (Grimsby and District Hospital), Miss Haynes (Radcliffe Infirmary and Oxford County Hospital), Miss Priestley (West Cornwall Miners' and Women's Hospital), Miss D. Roberts (St. Marylebone Infirmary), Miss E. Paul (Royal Infirmary, Dundee).

**STAFF NURSES.**

Miss C. W. Smart (Royal Infirmary, Edinburgh), Miss J. C. Gunley (Western Infirmary, Glasgow), Miss W. E. Kidd (The Infirmary, Greenwich), Miss A. S. Jones (General Hospital, Merthyr Tydvil), Miss I. L. Amy (Royal Albert Hospital, Devonport), Miss Mitchell (St. Luke's Hospital, Halifax), Miss Underwood (St. John's Infirmary, Hampstead), Miss Ruth Ralph (Torbay Hospital, Torquay), Mrs. D. H. Woodhouse (Bermondsey Infirmary), Miss C. Kettle (Salford Union, Cert. C.M.B.), Miss M. J. Young (Walton Hospital, West Derby Union, Cert. C.M.B.), Miss B. Jones (Croydon Infirmary), Miss M. Craig (Mile End Infirmary, Cert. C.M.B.), and Miss M. Potts and Miss Mary Young (St. Olave's Infirmary, London, S.E.).

Five Norwegian Nurses (gift of the Norwegian merchants in London): Frk. Astri Ellingsen (Chester General Infirmary), Frk. Helene Larsen (Riks Hospital, Christiania), Frk. Klara Sundby (Ullevaal Hospital, Christiania), Frk. Agol Haaland (Deakonissehuset Louisenborg, Christiania), and Frk. Mimi Dietrichson (Red Cross Clinic, Christiania).

**QUEEN VICTORIA'S JUBILEE INSTITUTE.****TRANSFERS AND APPOINTMENTS.**

Miss Ann J. Little is appointed to Huddersfield as Superintendent. Miss Little has held several appointments under the Queen's Institute since she received her District training in Edinburgh, including the Superintendships of the Homes in Carlisle and, until recently, Gloucester.

Miss Rose A. Ashton is appointed to Adlington, Miss Lily Barraclough to Darlington, Miss Amy Burkin to Penzance and Madron, Miss Helen A. Chitty to Farnham Royal, Miss Anna M. E. Fry to St. Ives, Hunts, Miss Louisa Hall to Accrington, Miss Alice Glanville to Chelsea, Miss Margaret J. Jones to Somercotes, Miss Clara Moore to Gillingham as Senior, Miss Mary F. Ronchetti to Brighton (Hove), as School Nurse, and Miss Zwaantje Vreydenberger to Widnes.

**NURSING ECHOES.**

The meetings of the Royal Sanitary Institute held at Brighton last week were well attended and full of interest. It is the special office of the Institute to keep the importance of sanitary and hygienic questions before the public, and nurses, who are a part of that public, cannot take too keen an interest in these questions, and should lose no opportunity of acquiring knowledge concerning them.

Messrs. P. S. King & Son, Ltd., Orchard House, Westminster, have issued this week the Report on District Nursing in relation to measles, German measles, and whooping cough, presented to the meeting of the Central Council for District Nursing in London, held at the offices of the Local Government Board on July 20th. We reported this meeting fully at the time, and commented on the report then presented. We should advise all interested in the question of District Nursing to procure a copy of the report, price 3d., and study it for themselves.

The relative position of Matron and Superintendent Nurse in a Poor Law infirmary attached to a workhouse is always a somewhat delicate question. Now the point has arisen, in connection with the East Stonehouse Workhouse, as to who is responsible in the absence of the Head Nurse. Dr. Fuller, the Local Government Board Medical Inspector, has informed the Matron that she is. The Matron, on the other hand, told Dr. Fuller that the Guardians did not wish her to go into the Infirmary. This the Board deny, but say that they have from time to time emphasised that she is not to interfere with the nurses in carrying out the instructions of the Medical Officer, but have never expressed any desire that she should not fulfil her duties in regard to the cleanliness of the house. The Chairman (Mr. A. Clarke) said Dr. Fuller was evidently under a misapprehension, and there was a misunderstanding all round. It was decided that the Clerk should write to Dr. Fuller to ask whether the Matron's supposition was correct with regard to her position in the absence of a Head Nurse. It was stated definitely that no official instruction had been given that she should not enter the wards.

The National Union of Asylum Workers have secured the support of the Hull Trades Council to their protest against the substitution of female nurses for male attendants in asylums.

During the discussion Councillor A. Gould said he was a member of the local Asylum Committee, but he would want to be satisfied as to the facts before he raised a protest. There were cases in which female nurses would be preferable to male attendants in asylums, and yet, on the other hand, there were grounds, obvious to everyone, on which he supported the protest.

Mr. J. Jørgensen, the late President of the Norwegian Chamber of Commerce in London, feeling that many Norwegians who made their homes in this country would gladly welcome any scheme enabling them to show in some tangible manner their great sympathy and loyalty to Great Britain in her hour of distress, has just, we are informed, formed a small committee, consisting of Mr. Th. Fägelund, Mr. Jørgensen (who is acting as hon. treasurer), Mr. W. M. Johnsen, Mr. K. F. Knudsen, and Mr. E. Roll, to appeal for funds to supply the military hospitals here with a certain number of fully trained Norwegian nurses, thoroughly conversant with the English language. The scheme has met with such enthusiastic support that it will be possible to send to the various military hospitals as many English-speaking Norwegian nurses as can be found. The names of those already appointed to the Military Hospital, Richmond, will be found on page 216.

Miss L. L. Dock acquaints us that one result of the adoption of Woman Suffrage in the State of Illinois is that for the first time in the history of Illinois women employees of the State will from September 1st receive the same pay as men for doing the same class of work.

"There is no reason," says President Kern, "why a nurse in these State institutions should not receive as high wages as the men attendants for the same class of work. It should have been recognized long ago. We believe that we are establishing the right standard this time, and that it will tend to increase efficiency in all the institutions."

"We are working out the promotional wage scale, which we believe to be another step in the right direction. Instead of leaving the question of wages to the superintendents, we believe this plan will work much better, as the employees will always have an incentive, for the longer they work, provided they are faithful and efficient, the higher will be their wages."

"What we are trying to do is to make the work attractive to both men and women employees in these great charitable institutions by treating the employees like human beings and giving them something to work for."

## OUR FOREIGN LETTER.

### LETTER VIII.—ECHOES OF THE SAN FRANCISCO CONFERENCE.

DEAR MADAM.—Before I took up my pen this morning, I sat with my head in my hands pondering:—

"It is a fundamental principle that for the stability of any body of workers, and for the establishment of just economic conditions, co-operation between its members is required. Further, if it is to be self-respecting, and respected, by others, it is necessary that it should be organized that it should demand a high standard of skill as the qualification for admission to its ranks, and should then take steps to protect its standard." I have been pondering over these words uttered by Miss Henrietta Hawkins when she presented her interesting Paper at the Conference on June 17th—because the Convention of the American Nurses' Association has been such a splendid actualization of the truth and value of these words. In *intention* and *volition*, we are just as progressive as they, but whereas barriers which formerly checked their aspirations have been broken down, making them free to advance, we are still fettered by the obstinacy, stupidity, and lack of imagination of those in power. However, we have more reason for being optimistic about the future of our profession than ever before perhaps. There is one thing that must be said of the American Nurses, because it is their due: Now that they are free to advance, they have made, and are making such splendid use of their liberty. It is a wholesome example for us when our hour of liberation strikes. I was struck with the fact that many of the Papers presented at the different sessions of the Convention, showed, either definitely or suggestively, how beneficial have been the results of State Registration. Simultaneously with our Convention, the American Hospital Association held theirs. I was not, however, able to attend the sessions; they were held at the Inside Inn which was a long way from the First Congregational Church. It is a very important body, established for many years, and doing excellent work, as its aims will show, namely: "to promote economy and efficiency in hospital management, to educate the public regarding hospital needs, to disseminate information regarding every phase of hospital work. It is composed of Hospital Trustees, superintendents, managers, medical health officers, physicians, surgeons, pathologists and superintendents of nurses, contributors and officers of associations founded to promote the interests of organized medical charities."

In a Paper presented by Miss Bessie Graham on "Loyalty and What we Owe to our Schools," she urged the duty of nurses in doing their individual part to uphold and strengthen the Alumnae Associations; she claimed the essential duty of the nurse in recognizing her *social responsibility*, her duty to womanhood and to the race.



"Therefore," said she, "we must strengthen our organizations; my last word is then *organize, concentrate.*" Many of these *bons mots* that I heard from the lips of so many eminent American nurses, ought to be graven on our minds as golden pointers. In connection with this I should like to quote from the Paper read by Miss Hunter, formerly Matron of the General Hospital, Brisbane, Queensland: "It has been interesting to note the gradual but steady increase of the Australasian Trained Nurses' Association in size, strength, efficiency and power; and I think it speaks well for the organization of this Association that it can well and efficiently control hospitals and the training of nurses over such a large area; an area nearly as large as that of the United States. There is one system of training, one standard of efficiency, and one examination." Nothing but co-operation and unity of purpose could produce such stability and organization.

The report of the *Department of Nursing and Health* for the year ending May 31st, 1915, was intensely interesting. It was prepared and submitted by Professor Adelaide Nutting, who was, unfortunately, unable to be present. The Paper was read by Miss Maxwell. By the courtesy of the American Nurses' Association, I am enabled to reproduce some of the most interesting facts:—

"The Department of Nursing and Health has registered this year, in all, 84 students, roughly divided as follows:—For Training School Administration, 25; For teaching in Training Schools, 20; For Public Health Nursing, 34; (the last group includes those preparing for School Nursing, Red Cross Work, &c.)—Total, 84.

"At the request of a good many nurses occupied during the day and unable to attend the regular courses given in the College, special evening courses were offered for the first time in the history of the Department. The result has been interesting. For an evening course given by Miss Goodrich, dealing with the current problems in Training School work, 80 students registered. For Miss Stewart's course on Nursing Principles and Methods, 50 students registered. . . . For a third short course on Abnormal Mental States, designed largely for Public Health Nurses, there were from 100-130. It has been decided to continue some evening work next year, and at the request of prospective students a course on History of Nursing will be given. . . . The Alumnae Meeting in January was well attended and our graduates are showing a good deal of public spirit and unity of purpose. . . . There are some important problems before the Department relating to its future and the way in which its growth shall be directed. As a Graduate Department it has proved that it has a well-defined and essential service to perform in training teachers and administrators for our schools of nursing, and in preparing for Public Health work. It is not less important, however, that in the actual education of the nurses, the advantages which the University has to offer should be available and fully utilized. The next

logical step forward is the development of a University Training School for Nurses in connection, of course, with some hospital of proper standing. To establish such a school on such a basis as would insure sound educational work, would mean an endowment of about one million dollars. This seems a large sum, but when we see the ease with which much larger sums are secured by medical schools and other professional schools in connection with universities, and by Women's Colleges in particular, we need not, and should not, look upon this as a visionary scheme, impossible of realization. It is, on the contrary, a practical plan for placing at least one School of Nursing on a sound economic basis. I look forward confidently to the ultimate upbuilding of such a school in connection with this University."

We English nurses sympathize with their aspirations, and shall be ready with our warm congratulations upon the fruition of their hopes.

Miss Nutting laughingly said to me one day: "We are education mad here." I replied that it was a fine form of insanity!

It is abundantly evident that the leaders of Nursing in America consider that mediocrity is a crime to the enlightened mind. In the highest profession for women, the highest should be striven for.

BEATRICE KENT.

## LEGAL MATTERS.

### MASQUERADING IN THE UNIFORM OF THE RED CROSS NURSE.

A remarkable story, as reported in the *Daily Chronicle*, was told at Wingham Sessions on September 2nd by Chief Constable Stone of the career of a woman known as Mary Aileen Gardner, who was convicted on a charge of masquerading in the uniform of a Red Cross nurse at Ash, near Canterbury, on August 5th.

Accused, who was born in Dublin, came to Chatham at an early age with her parents. When only eighteen years of age she married a journeyman carpenter, by whom she had two children. After separating from him she obtained a situation at Earl's Court, and whilst there posed to a lady whose acquaintance she made as an heiress and ward in Chancery.

She was first convicted at Worthing, and was sent to a home, and since 1906 had been convicted of seven cases of felony at York, Queen's Ferry, Edinburgh, and Rochester, and bigamy at Edinburgh.

The woman wore the uniform of a nurse for the purpose of getting into good society, and took the opportunity of stealing everything she could lay her hands on. As a matter of fact she knew nothing about nursing. She embarked on the most extraordinary adventures, utterly regardless of consequences.

According to Sir Thomas Clouston, medical expert at Morningside Asylum, she was insane, a danger to the community, and a human being devoid of any sense of right or wrong.

Sentence of six months' imprisonment was passed.

We seem to have met this woman under other aliases before. What is remarkable about the case is that having been pronounced insane by a mental specialist she should be sentenced to six months' imprisonment. Confinement in a criminal lunatic asylum at His Majesty's pleasure would seem better to meet the needs of the case.

#### "A TISSUE OF LIES FROM BEGINNING TO END."

At the Aldershot Police Court, on August 10th, as reported in the *Aldershot News*, Lucy Dudeney (aged 23) was charged with unlawfully and knowingly, by certain false pretences, obtaining from Alfred Hearne food to the value of £5 7s. 9d. between July 10th and August 6th, and James Middleton, a gunner in the Royal Field Artillery, was charged with aiding and abetting her to commit the offence.

Mabel Watson, manageress of the Royal Hotel, Aldershot, said that about July 8th Dudeney went to the hotel with Middleton, who asked her if she had a room to let, saying it was for a Red Cross nurse. She agreed to take her in. She was dressed as a Red Cross nurse, but had no veil on, and she recognised her as a woman she had travelled with in the same compartment from town a day or two before. She remained till next morning, saying that she was going out to get a veil, as she could not be seen in Aldershot without one. She then went ostensibly to obtain leave for Middleton for a few days from his superior officer, which she said she did, and left. At the end of the week she wrote asking to be put up for a few days.

She arrived, dressed as a nurse, and stayed for three weeks, without paying for anything. When the witness sent her the account Dudeney sent for her and asked her to reserve a room for her father, mother and brother. She stated that her brother was a captain in the Grenadier Guards, and was home wounded from the front, they were coming to say good-bye to her, and see her off to the Dardanelles the following Monday. She added, "Daddy will pay the bill when he comes to-morrow."

Her relatives did not arrive, and Dudeney stated she was going to the station to see about her luggage. She was expecting some new instruments which had not arrived, and so was taking her old ones to be sterilized.

Middleton visited her several times, and had one or two meals with her in the sitting-room and one in her bedroom. The reason Dudeney gave for her return home was that she had had a very trying time for twelve months, and that the doctors considered she needed rest. Asked whether she believed Dudeney's statements, witness replied that she did. She liked her and trusted her in every way.

Inspector Jones said that he called at 10, St. George's Road, on August 14th, where he saw Dudeney, and said, "Nurse Broad, I presume,"

The prisoner, who was not then in nurse's uniform, answered in the affirmative. Witness then said, "I'm a police inspector, and I am informed you have represented yourself to be a nurse of the Red Cross Association, that you have recently returned from the front owing to your nerves having broken down, and that shortly you are to proceed to the Dardanelles. I have reason to doubt your statement, and I must ask you to accompany me to the Police Station while I make further enquiries." In the passage, hanging on a peg, were the nurse's bonnet and cloak. Witness said "Is this your property?" and she replied, "Yes." On the way to the Police Station she said "I am not a Red Cross nurse, but three weeks ago I received an appointment with the Great Northern Hospital, London. I have been inoculated, and I am waiting for notice to start my duties." She was detained at the Police Station, and later he cautioned her and read a warrant to her charging her with obtaining food by means of false pretences from Alfred Hearne. She replied "All right. It is all lies I have told. I am not a nurse, I have never been to the front, and I am not going to the Dardanelles. The only nursing I have done is in service as a nurse to children. . . . I bought the bonnet and cloak. I'm glad it's all over."

The witness said he had made enquiries and found that the prisoner was not known either by the Red Cross Society or at the Great Northern Hospital.

Middleton said that he met Dudeney at Lewes. He believed her to be a straightforward, honest girl. After their visit to Frimley he met her and she said she had had a letter from a doctor stating he had put her through as a Red Cross Nurse, she was to go to London and it would cost her £5 5s. The next day she told him she had passed the examination and been inoculated. She was then wearing the uniform of a Red Cross Nurse. She gave him to understand she had money in the bank, that she was drawing 25s. a week from the Red Cross Society and later would be drawing three or four pounds. When he asked Mrs. Watson to take her in at the Royal she said, "I have not a room to let, but if she is a nurse I will do anything I can for her."

The prisoner said that she had no idea it was a crime to wear the nurse's uniform.

Middleton was discharged, and in sentencing Dudeney to six weeks' imprisonment with hard labour the Chairman of the Bench said, "You told a tissue of lies from beginning to end, which deceived every one you came in contact with."

The uniform of the trained nurse has so long been abused with impunity that it is not surprising this woman did not realize the Red Cross uniform could not be used for criminal purposes. These cases demonstrate how easily protection can be extended to uniform, and we hope trained nurses will insist that their honourable uniform, as well as that of the socially influential Red Cross worker, shall be protected from abuse henceforth.

## OUTSIDE THE GATES.

## WOMEN.

The proposition that the Lyceum Club should entertain parties of convalescent soldiers from military and other hospitals has been taken up with enthusiasm. Some little time ago we gave an account of the first of the series, when twenty-five men from King George V Hospital enjoyed the hospitality of members of the Club—Lady Strachey and Mrs. Bedford Fenwick, with whom the idea originated, acting as hostesses. The next party was given by members of the Belgian, French, and Russian circles to 50 Belgian soldiers from King Albert's hospital.

Other hostesses have been the Photographic and United Colonial Circles whose guests came from the Bethnal Green Military Hospital; fifty more from Lewisham followed. Last Saturday, Cedar Lawn Military Hospital, and Mount Vernon Military Hospital, Hampstead, supplied the guests, and this week those blinded in the war who are patients at St. Mark's College, Chelsea, the Second London General Hospital (T.F.), London, are the guests of honour. Anyone passing along Piccadilly, when one of these entertainments is in progress, will, weather permitting, see the familiar blue uniform of the convalescent soldier on the balcony of the Club, and the men greatly enjoying the animated scene.

The *Englishwoman* Exhibition of Arts and Handicrafts will be held at the Central Hall, Westminster (close to the Westminster Hospital), from Wednesday, November 17th, to Saturday, November 27th, 1915. 11 a.m. to 6 p.m. There will be exhibits of handweaving, jewellery, pewter, leatherwork, bookbinding, pottery, sculpture, stained glass, enamelled glass, wood-carving, inlaid furniture, Chinese lacquer, antiques, artistic dress, hand-made flowers, embroidery, lace,

baskets, dressed dolls, toys, illumination and calligraphy, illustrations, colour printing, etching, water colours, miniatures, photography, gardening, lingerie, children's and ladies' frocks, smocks, &c.

Women handicraft workers have everywhere manifested the utmost readiness to serve the nation in any capacity in which their training would make them of value; so far, however, all their offers have been ignored by the Government. Owing to the War, these workers in Arts and Handicrafts have received very little support from their usual clients during the year, and are depending more than ever for their opportunity

of sales upon such Exhibitions as the one to be held at the Central Hall. Write for particulars to The Secretary, *The Englishwoman*, 11, Haymarket, S.W.



MRS. FELTON.

By the courtesy of the Editor of *The Gentlewoman*, we are able to publish the accompanying portrait of Mrs. Felton, of Fitzroy, East Falkland Islands, who, as we announced last week has been presented with a piece of plate by the Admiralty, for services to the British Squadron on the day of the naval battle off the Falkland Islands. She and her two maids went to the top of a ridge until they sighted the German fleet. They then rushed with the information to the authorities, who transmitted it by wireless to Admiral Sturdee. The en-

trapping and destruction of the German fleet followed.

The first postwoman has now made her appearance in the streets at Brighton. She carries a well-filled post-bag, and attracts considerable attention. We are becoming accustomed in London to find women serving as bus conductors, railway ticket collectors, carriage cleaners and newspaper sellers, and girls are supplementing boys as district messengers, and very well they discharge their duties. The girl messengers promise to be quite as smart as the boys.

## BOOK OF THE WEEK.

## "CAPTAIN THE CURÉ."

Louvain! What depths of tragedy, romance and pathos now surround the name of that once beautiful city. The most unimaginative have been stirred to the heart's core at its fate.

The siege is the setting for the book under notice this week, and an appealing and moving record it is. Familiar as we are with its tragedy in our newspapers, we accept the incidents recorded, terrible and heart-breaking as they are, with the conviction that they, God help the city, are something less than the reality, and that the fate of the Oyyen family is but a restrained imagery of hundreds of its unhappy inhabitants.

The European War, eleven days old. Louvain keeping the Feast of the Assumption, with street processions, called forth remonstrance from some, and indignant partisanship from the Curé van Susterens, the central figure of the book.

A powerful masterful character, he had had his way in this as in all else with his flock.

Sister Dorothea is represented by a tall and unusually beautiful young woman, Marie-Ursule, the daughter of much respected Dr. Oyyen. Otilie, his other daughter, with her Greuze-like face, was on this occasion, as on many others, in disgrace with the Curé, but this fact sat but lightly on her frivolous disposition.

A few days later, following the hideous orgies by drunken Germans, Van Susterens meets a procession of horsemen, and on the pillion of the leading warrior was a bare-headed girl with a pair of white kid-shod feet dangling gracefully down by the horse's shoulder. Van Susterens pushed forward and fell back with a groan of horror. He had recognised Otilie Oyyen.

"Pushing up the Rue St. Anne he was only dully surprised to find himself and his companions imprisoned in their own church. As the night wore on he felt the creeping hands of other prisoners certain of being shot at sunrise asking to make their dying confessions. His dry lips could not utter a prayer. He was stunned into the stupidity of horror."

Towards morning he remembers the keys in his cassock pocket, which effect their release. The finding of the body of Marie-Ursule, the whitest flower of his flock, dead of shame, robs him of his faith in God.

Raving under the dawn, he says:

"From this moment I cease to be a priest, and become a soldier. The lambs of my fold are torn and ravaged by the wolf. I will be a wolf; I too will tear and revenge. Away with all I loved, all I worked for. All is gone. I take the sword instead of the Cross."

\* By Margaret Baillie-Saunders. Hodder & Stoughton, London.

Vintmeyer, who has secretly loved Otilie, inquires of Van Susterens of her whereabouts, and learns that she has chosen dishonour before death. "They live," he said, "with wrecked souls—if they smile. It is those who resist the shame who are murdered." Marie-Ursule was buried at night by Jodoc and Vintmeyer, with the Curé's cassock for a shroud. On her breast lay the Curé's crucifix. "With groans and tears they said Aves for her soul. But they knew her white soul was already with her Redeemer."

As for Van Susterens, a fellow officer said of him, "he beats the whole *Garnison* for savagery. The men say he has the devil."

He meets poor little Otilie, who, disguised in uniform, is acting as a spy for her captors. Her pitiful, broken life, and her extreme youth, make a powerful appeal to his manhood, and he further defies his priesthood by giving her the protection of his name.

Very beautiful is the return of Van Susterens to his sacred office. He is appealed to to say the Easter Mass, there being no other priest available.

"He knew he must feed the hungry flock with his own hands. One after the other he stooped over them, said the words of administration, bent his brown, shamed face reverently down to theirs. He was not worthy to touch them. The boy with a curly, dark head at the end of the line, he was the last. God's mercy be thanked, he was able to—"

A violent noise and shock. "*Les Prussiens!* To the guns! To the guns!"

A little later on the doctor said, "That unknown *annoncer* of yours is curiously wounded. He happens to be hit on both hands, both feet, and the left side." H. H.

## VERSES.

Tell me, tell me, smiling child,

What the past is like to thee.

An autumn evening, soft and mild,

With a wind that sighs mournfully.

Tell me, what is the present hour?

A green and flowery spray,

Where a young bird sits, gathering its power

To mount and fly away.

And what is the future, happy one?

A sea beneath a cloudless sun,

A mighty, dazzling, glorious sea,

Stretching into infinity.

Emily Brontë.

## WORD FOR THE WEEK.

"Don't imagine that hospitality is a gratuity. Every meal to which you are invited you must earn, and you must share the responsibility of every party you attend. Your success in life will depend not on how much you yourself enjoy things, but on how much you can make other people enjoy them."—*Edith Henrietta Fowler*.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## PASSED BY ON THE OTHER SIDE.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—Knowing your paper to be one of the most influential journals devoted to the interests of the Nursing world I venture to bring the following fact to your notice in the hope that you may find room somewhere in the columns of your next issue to refer to the incident and deplore that such action could be possible in women wearing nurses' uniform in a public street and under circumstances where they were so well qualified to render temporary assistance.

I turned out of Stratford Place this morning about 11 a.m. going west. Just as I reached Oxford Street a perfectly respectably dressed man fell on the pavement some twenty yards in front of me obviously in a fit. Having never done any nursing, attended first-aid lectures or been called upon to give help without the aid of qualified instruction, my first impulse was to go straight to the policeman on point duty and bring him to the man. At the moment the policeman usually to be found close at hand was not there and I saw approaching three nurses all in a well-known brown uniform. I hurried up to these women, they were not mere girls, explained what had happened, that there was no policeman just at hand and I was going on to fetch one. I believe my words were: "I think you can do something, a man has fallen in a fit and there is no policeman about, I am going on to find one." You can perhaps imagine my surprise when they all crossed the road, two stood at the island a moment watching the crowd and then deliberately walked away on the other side of the street. Fortunately another person, more nimble than myself, had realised the necessity of action and while I was ringing the bell of a soldiers' hospital in Stratford Place he and a policeman were hurrying to the spot. I would like to say also that another nurse, this time in the more usual blue uniform, had gone to help the poor fellow. Moving constantly about the streets of London one sees many sights that set one thinking but nothing I have ever witnessed so far has equalled the utter callousness of those three nurses in the recognised brown uniform. As I said at the beginning of my letter, if it were known that such action was brought to the notice of an influential Nursing journal and adversely criticised therein, it might give the Nursing Profession as a whole a finer sense of humanity.

Yours faithfully,

D. C. BIGGS.

## ECONOMY WITH EFFICIENCY.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I am in hearty accordance with "The Woman Who Stayed at Home" as to the need of economy in institutions at the present anxious time. Hearty co-operation in this matter by all members of the staff, from the highest to the lowest, would be very practical patriotism. Too often a bad example is set by the office, where the stationery, &c., is generally of an unnecessarily superior character. The Ward Sister in ordering stores, the Matron in dispensing them, the nurses in using them, have all a share in this responsibility. Drugs can be husbanded, instruments protected from careless usage, and in many other ways hospital property can be more conscientiously safeguarded. I am aware that in some institutions cheese-paring is pushed to its farthest limit, but against this, I fear, that in others there is much sheer waste.

I should like to hear from some of your readers practical suggestions on economies, small and great.

Yours faithfully,

THE RELICT OF JOHN GILPIN.

## REPLIES TO CORRESPONDENTS.

*Bewildered.*—The procedure is first to apply at the Passport Office, Foreign Office, Downing Street, S.W., for an application form. This must then be filled in by the applicant, duly attested according to the directions given and returned to the Passport Office with two unmounted photographs of the applicant, on one of which her name and address must be written and certified by the same person who attested her application. If everything is in order the passport will be ready the morning after the application form has been sent in. The applicant must apply for it personally at the Passport Office.

## OUR PRIZE COMPETITIONS.

*September 18th.*—What practical suggestions can you make for checking waste, or effecting economies, in hospital and poor law infirmary administration?

*September 25th.*—How would you allay irritation of the skin caused by iodine, mustard plaster, and soap and water enema?

## FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps service in France can be interviewed by arrangement with the Hon. Secretary, 60, Nevill Square, Earl's Court, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, September 17th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' general training. Experience in fever nursing and massage are an additional advantage.

## OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

# The Midwife.

## PREVENTIVE OBSTETRICS.

Miss Mary Beard, Director of the Instructive District Nursing Association, Boston, writing in *The Modern Hospital* on the above subject, says in part:—

"What is known as the 'West End' in Boston is a very congested district. Russians, Poles, Italians and many other foreign-born women live here. In the heart of this district, the Boston Lying-in Hospital is situated. Near by is the pregnancy clinic of the out-patient department of the hospital. This out-patient department was established in 1888. Since that time 43,454 patients have been cared for in their homes by this department in various parts of the City of Boston. In many particulars, this service has met the fundamental needs of the mothers in the West End. Frequently women who have moved away come back in order to have the care of the Boston Lying-in Hospital doctors and nurses before and after the time of confinement. The following is the routine procedure: Women are encouraged to come early and may apply at any time to the pregnancy clinic for admission to the out-patient department. A thorough examination is made at the clinic. The patient is then given a card of admission to the out-patient department, her name and address are given to the district nurse in her locality, and a routine of prenatal nursing is begun. Printed instructions are pasted into each nurse's notebook and are intended as a reminder to her.

"Every ten days a visit is paid by the nurse. For each patient there is a medical history card and a family social history card.

"Observation of the patient's physical condition, of her habits of personal hygiene, diet, recreation, exercise, clothing, regularity of living, is the nurse's first concern. Any abnormal condition is reported immediately to the doctor in charge of the pregnancy clinic and the patient is visited by the doctor if she does not report at the clinic when she is sent by the nurse. Observation of the physical condition is only part of the nurse's duty on these prenatal visits. Upon the nurse's ability to teach the mother such things as the importance of preparing herself for the duty of nursing her baby, of clothing him properly and providing for him a suitable sleeping place depends the real value of her visit. Reassurance to an anxious young mother counts for much and reacts definitely upon her physical condition.

"When labour begins the Boston Lying-in Hospital is notified; an extern is sent who is one of the Harvard Medical School students. This student delivers the patient unless some abnor-

mality presents itself, in which case the house officer is called, who, if he sees fit, calls upon a member of the attending staff. Immediate response to the patient's call is assured by this system and the skill of the best obstetricians in Boston is at the service of the patient who needs expert care. The service is generally recognized in the neighbourhood as a charity, although the Boston Lying-in Hospital collects an indefinite fee where this is possible.

"After-care for a patient is as follows:—The student who has delivered the patient visits her twice daily for three days. The routine after-care given by a student is planned with infinite attention to minor details. For instance, he is expected to examine the patient on each visit, to do the dressing, to see that the binder and bed linen are clean and in proper condition, to prepare and leave in a covered dish the pads to be used between visits. He must also examine the baby and is responsible for the condition of eyes and cord.

"After the third day, the student visits the patient once a day until the ninth or tenth day. The house officer visits each patient on the third day after delivery and again on the tenth, in order to discharge her in good condition.

"Nursing care is given by the same district nurse who made prenatal visits in the family. The cost of a nurse's visit is fifty cents. She collects the whole or a part of this fee, according to circumstances. An Italian doctor with a large foreign practice in the neighbourhood of the pregnancy clinic has said that these women are both able and willing to pay as much as ten dollars for care during child-birth. Since emphasis has been laid in the Nursing Association upon the principle of fee collection in the last two years, the amount collected in this district has increased to one hundred dollars a month.

"Attendance at the pregnancy clinic means that such measurements are taken as will preclude the surprise of discovering an abnormal pelvis when it is too late. It means, too, that tests will be made whenever a patient shows symptoms of syphilis or gonorrhœa, so that treatment may be begun at once.

"The pregnancy clinic and prenatal nursing, with the best care at confinements, has become a very popular service. This is to be accounted for by the recognition of the people themselves that the best that science can offer to any prospective mother is at their service and is also practically available.

"The regularity of the service, the perfection of the system and the prompt response to the summons when the patient needs a doctor, has made a business-like maternity centre the worth of which is proved daily by its use."

### "INSTINCT OUT OF DATE."

Miss F. Leucah in *The Australasian Nurses' Journal*, writes:—

"Education has advanced tremendously the last few years, and now almost every branch that can be useful (and many that can't) is taught in our schools, yet the one most important of all—the care and treatment of infant life—is still left to that over-rated quality known as maternal instinct. This instinct of affection and unselfish care does exist, but in all my experience I have never found it a reliable guide to the bodily welfare of the child.

Doubtless the maternal instinct fulfilled all requirements in our aboriginal days, but it fails most lamentably when put to the test of modern conditions.

The very affection of the parents for their infant, unless directed by education, constitutes a danger, and therein lies the tragedy. Much too tender-hearted to refuse the little darling anything, the fond mother will give up her own pork and beans to still the plaintive wailings. The yet more plaintive wailings that ensue later are never connected in the maternal mind; castor oil temporarily sets matters straight, and history is repeated until permanent damage is done.

It is a usual custom for the baby to spend the night on its mother's arm, and when we remonstrate are told 'It is natural; the baby needs the warmth of its mother's body,' and so again we launch upon the explanation. 'It was and it did,' in the days of our distant ancestors, when they slept under trees and the soft airs of heaven blew all round; but when they sleep in a packing case 8 in. by 10 in., the window nailed up, and the door locked, the conditions are different; but the maternal instinct has not sufficed to teach that, so the infant continues to lie between its parents, well below the upper line of the bedclothes, literally a cave within a cave; and no words can persuade the mother to adapt herself to the altered times.

Upon one occasion I showed a mother a cardboard shape of the stomach of an infant three months old. Much was her amazement at its smallness. 'Lor! Miss,' she ejaculated, 'I thought 'e was all 'oller!' And upon that supposition she had acted.

Rarely a day passes but we see varying forms of the same ignorance, and there seems no method to overcome the evil but to begin from the beginning. Prevention is better than cure, and though much good is certainly done in showing the mothers the faults in their want of system, yet it would be incomparably better were organised instruction given to the girls before they assume the responsibility of motherhood. The average Australian infant at birth is a magnificent thing, fat and strong, the reverse being quite a notable exception. But the ignorance of the mother, combined with excessive affection, is too often its undoing. There are many excellent institutions to deal with the child in sickness, so that side needs no prominence; to maintain the health

with which it was originally endowed would be the main point.

So here is a button for someone to press. The teachers would have to be qualified and practical nurses, able to give illustrations, in drawing, of the why and wherefore, the faculties of all of us being more visual than auditive, to deliver lectures unencumbered with technical terms, and interesting withal. The one who could persuade the authorities to establish instruction upon some such lines would confer an inestimable boon upon long-suffering infant humanity, and go far to assist in rearing the healthy race of men and women of whom Australia stands so much in need."

### PURE FOOD FOR BABIES.

Miss Mand writes to the *Times*, from the Lyceum Club:—

"As a frequent visitor to other countries, and deeply interested in social work and problems, one thing amazes me constantly. It is the lamentations of our law-makers over the mortality of the infant population, renewed with such grave cause recently, owing to the last statistics. Is it possible that these gentlemen fail to realise the main cause of this mortality among the children of the working classes, and that the remedy lies entirely in their own hands? England stands almost alone among civilised nations without a pure food law; and, in consequence, the food of the children is not only lacking in the nutriment necessary to build up their little bodies, but, in the case of the bread, milk, sugar—their principal diet, is adulterated with positively deleterious substances. This has been so repeatedly proved and exposed that it is beyond dispute. The teeth of the children loudly proclaim the fact. Feed the children with pure wheat and rye bread, pure milk and sugar at least, and we shall no longer have cause to lament their early death; nor will those who do survive possess, as they too often do, stunted and diseased bodies. Would not the organising of such a work be pre-eminently suitable as Women's National Service, backed by a pure food law?"

### NO RISKS TAKEN.

Many and varied are the subjects that come up for discussion before Boards of Guardians, and it is seldom indeed that these bodies allow that anything is beyond their ken. Recently admission was applied for to a Union Infirmary for a case of puerperal fever. Stout and elderly gentlemen solemnly weighed the inadvisability of admitting what they understood to be an infectious case into the general wards. Finally it was decided the risk should not be taken, and it was suggested by one bolder than his fellows that the waiting relative should appear before the Board in order that the refusal should be explained. Horror was depicted on the faces of his brother Guardians. Bring infection into the Board room? Perish the thought! Guardians cannot, of course, risk being cut off in their prime by such wanton foolhardiness.

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## EDITORIAL.

### DESERVING OF THE HIGHEST PRAISE.

The announcement made on Tuesday that Admiral Sir Percy M. Scott, Bart., K.C.B., has been appointed to take charge of the gunnery defences of London against attack by enemy aircraft, became known with a sense of relief; but why such an officer had not been appointed before is what the public has a right to know—now that Parliament has again assembled.

Without hesitation we express the opinion that hushing up the damage done by Zeppelin raids in this country is a mistake. If the end aimed at, to keep the enemy uninformed of where they have dropped their murderous missiles, and what damage they have done, could be attained by silence, the policy might be permissible. But we may be sure such an object is not attained, and all that is really done is to keep the people of these realms in the dark, and thus fail to arouse, and use for reprisals, their just indignation as a factor for the energetic prosecution of the war. We are more than ever deeply convinced that the "hush" policy is a mistake, after the raid on the Metropolis last week; when the barbarous irresponsibility of the murder fiends, by the irony of fate, very nearly killed hundreds of innocent helpless sick people in their hospital beds, in several separate districts. What a glorious feat for the valiant executive of the All-Highest War Lord! One bomb, guided we can but think by a more potent power, fell in a garden square surrounded on all sides by hospitals; nearly every pane of glass was shattered, and many window frames shattered, but the poor suffering operation cases, nerve wrecks and paralytics, little children splintered in their cots with hip disease, every jar an agony, and babies in arms, were all mercifully preserved alive—the murder missile fell a few yards short!

Further east, a Sister seated on the fountain in the centre of a hospital square saw a death-ship sailing overhead, its searchlight flooded

the area, and a few seconds later came the crash of doom. Then in this colony of suffering pandemonium was let loose. The cracking and splintering of glass, the rending and tearing of walls, showers of sparks and burning brands from uprising fearsome flames of fire. Again the sick were mercifully preserved—the bomb fell a few yards beyond the hospital gate with terrific and irruptive force. The nurses' home felt the full force of the shock: great structural damage resulted, but within the gates there was no injury to life or limb. Houses near by were gutted and ruined by fire. In both places we have seen the devastation, and thousands and thousands of people have also contemplated the scenes. To imagine that amongst such crowds the well-paid treacherous spies of the German Government did not freely mingle, and that without delay their reports were not safely docketed in Berlin, is to refuse to acknowledge the trained skill and demoniacal craft of the ubiquitous spies in our midst, in the pay of the enemy. To discount this guile, by a futile attempt to minimise the horrors of bombardment from the skies, is neither wise nor seemly.

Of course, we have another and a very resplendent side to this attempt to terrorise the civilian population, and that is the accumulated evidence that the British people cannot be terrorised. Throughout the nursing world it is well known that in every hospital shaken by the bomb blast the nursing and domestic staffs, to say nothing of the men, behaved superbly. There was no instinctive fear, no panic: everyone came forth quietly and obeyed fine national instincts and reasoned directions. A Hospital Committee which met next day sent a letter to its nursing staff, expressing its opinion "that their conduct deserved the highest praise," and so it did. Nevertheless, it is the duty of our Government to prevent the massacre of innocent and unarmed people—and we must see that they do it.

A public meeting, to demand that more effective steps should be taken in dealing with Zeppelin raids, would prove the strength of public feeling.



## ON THE PATHOLOGY OF TRENCH FROST-BITE.

The *Lancet* of last week contains a most interesting article on the above subject, compiled by Dr. J. Lorrain Smith, F.R.S., Dr. James Ritchie, and Dr. James Dawson, of Edinburgh, who have investigated the subject at the request of the Medical Research Committee (National Health Insurance).

During the winter of 1914-15 a large number of soldiers fighting in the trenches in Flanders became disabled from the effects of cold in their feet. The condition is to be distinguished from true frostbite, in which very severe cold causes necrosis of the tissues. In cases of trench frostbite necrosis may occur, but it is not frequent, and the characteristic symptoms are swelling, pain, and disturbance of sensation in the feet. The inquiry consists of two parts: (1) the observation of the clinical condition of a number of cases which were under treatment in the military hospitals in Edinburgh; and (2) a study of the effect on rabbits' feet of conditions similar to those to which the soldiers were subjected.

From experimental observations, the investigators state that the microscopic examination of the tissues of the rabbit's foot after exposing it to the conditions and temperature from which soldiers suffered in the trenches in winter, showed that the chief effect of the cold was on the blood vessels. The report states:—"We have no opportunity of examining tissues from the human subject after trench frostbite, but there is no reason to doubt that the changes in the animal tissues are the same as those in man. The effect is inflammatory, and is due to the direct action of the cold on the tissue. The injury to the blood vessels is the most important element. The walls are so damaged that they are unable to perform their function; an excessive amount of fluid is poured out and accumulated in the tissue. From this fibrin is deposited, and the fibrous elements of the tissue are disintegrated more or less. When there is any congestion of the damaged vessels, as may be caused by the application of warmth, the walls rupture and blood corpuscles are poured into the tissue. Recovery from such a condition is naturally slow. Not only has the swelling to subside, but the damaged vessel wall has to be repaired so that it can bear the strain of normal circulation.

"We carried out a few observations on the effect of actually freezing the tissues by the application of carbonic acid snow. Our observations show that the slighter stages of injury

in true frost-bite are essentially similar to trench frostbite. In true frostbite the predominant change is death of the affected part; in trench frostbite there is little or no necrosis, but an exudative inflammation occurs in the parts directly exposed to the cold. . . ."

Finally, the harmful effect of raising the temperature of the feet damaged by cold was clearly demonstrated.

### *Practical Considerations for Prevention.*

The following practical considerations are suggested by the foregoing investigation. The main efforts must be directed towards prevention. As the condition is one of damage to tissues, once it has been established recovery can only take place after a prolonged process of regeneration.

1. The soldiers should practise massage on their feet before going to the trenches. There is some evidence to show that persistent rubbing of the feet beforehand has enabled the men to escape to a considerable extent the effects of exposure to cold.

2. A study of the cases shows that the symptoms begin to be felt, as a rule, after 48 hours' exposure. It is clear, therefore, that to shorten the time in the trenches would be the most essential measure of prevention.

3. While men who have been exposed to the conditions causing frostbite without having been affected are resting between their turns of trench duty, they should persistently practise massage of their feet twice daily.

4. Careful attention should be given to anything which may constrict the blood vessels. Constriction by boots and puttees should be avoided. Loose moleskin leggings would probably be found more suitable than puttees, as they would provide warmth without constriction. The advantage of leggings is that they provide the protection of an ample cushion of air, and they drain more readily than compact wrappings, the existence of a non-conducting air cushion being thus re-established. The soldiers wear boots of a large size, but they have a practice of putting on two pairs of socks, and this probably tends to a certain amount of constriction. It was observed that the excoriations were situated on the outer and inner borders of the feet, and this fact suggests that some degree of constriction existed. It is significant that the parts most liable to trench frostbite are the parts where under ordinary circumstances callosities and corns are most frequent. The question arises whether the upper leather of the boots could be made more pliable without diminishing the stability of the sole or of the boot generally. The soldiers very

commonly cover their feet with oil and derive benefit from this. There may be several advantages in this. Among other effects it will act as a bad conductor of heat; it may minimise the effect of the wet; it may keep the leather of the boots more pliable, and its application may be the occasion of a thorough massaging of the feet. In order to obtain the full effect the oil should be of high boiling-point and be used in considerable quantity; semi-solid oils, such as vaseline, would probably give the best results.

5. To maintain the circulation in the feet it would be helpful to increase the clothing of the legs. This might be done by using leggings reaching the thigh or by wearing two pairs of pants.

6. It is found that the onset of the symptoms was gradual as a rule. A soldier would at the end of a turn in the trench suffer from slight swelling. During the resting period he recovered, but on the next occasion the symptoms became so severe that he was disabled. Such cases should be investigated by the medical staff, and tested before they are allowed to return to trench duty.

7. The period of commencing recovery. When the condition has become so severe as to disable the soldier, he should not be allowed to walk or march more than is absolutely necessary when he leaves the trench. As soon as possible he should be conveyed to a resting-place. In many cases the records tell of disabled men having to walk back to billets some miles behind the line of the trenches. Wherever possible in such circumstances transport should be taken advantage of.

8. When the billets are reached measures should be directed to giving the feet as much rest as possible. The feet should not be warmed in any way that causes congestion, and the return of the normal circulation should be delayed rather than hastened.

#### FROSTBITE IN THE GERMAN ARMY.

From a German article entitled "Frostbite of the Feet at times free from Frost," trench foot, which caused so much suffering amongst the armies last winter, is discussed. The author had seen 14 cases at a time of mild weather, and in all but one amputation of the leg or legs was necessary. Prophylaxis consists, in the German view, in wearing large unshrunk boots; boots shrunken by drying at fires must not be worn. The author considers that hot air may be useful in treatment. He records that in one of the cases two toes would have been certainly lost if the ordinary routine had been employed, but only formation of vesicles resulted under hot-air treatment.

## OUR PRIZE COMPETITION.

WHAT PRACTICAL SUGGESTIONS CAN YOU MAKE FOR CHECKING WASTE, OR EFFECTING ECONOMIES, IN HOSPITAL AND POOR LAW INFIRMARY ADMINISTRATION?

We have pleasure in awarding the prize this week to Miss Amy Phipps, Arc-en-Barrois, France.

#### PRIZE PAPER.

The building up of an economic system in a large institution depends to a great extent upon the "professional conscience" in this respect of those in authority, and the extent of their powers of organisation, to ensure the carrying out in detail of instructions, in whatever form issued, relating to the prevention of waste.

The whole staff should be made to realise the fact that, as a body and also individually, they are responsible for the proper use of goods entrusted to them by a charitable or municipal body, and those in authority over any section of the administration, should pay special attention to the avoidance of waste in every respect.

The writer remembers, at the commencement of probationer days, a lecture given on the above subject, great stress being laid upon conscientious economy: at the same time, it was pointed out that although ornament may always be sacrificed to utility, the comfort and wellbeing of the patient must never be sacrificed to economy, but all must be tempered with commonsense.

In small temporary hospitals, all sorts of things may be improvised to meet the needs of the place; but this system is only practicable in a very small degree in a permanent institution. Again, nurses should be instructed in some measure as to the cost of surgical supplies, &c., that they may co-operate intelligently in the working out of an economic system.

The latter may be divided roughly into three sections:—

The Ward.

The "Offices."

The Nurses' Home.

Perhaps, in the first-mentioned, the waste is most apparent, though if the Sister is a good and keen administrator, and willing to take trouble, the waste may readily be reduced to a minimum, with regard to food, if this is well and daintily prepared, it should be given in small quantities, and added to as needed.

Then, too, with regard to surgical supplies of all kinds—lint, wool, gauze, lotions, &c.—needless to say, these should be kept only for

their proper uses; they should be kept covered, and aseptic, so that, after a dressing, any left over may be used up; any that has been exposed by accident may be used after thorough sterilisation. In the same way, if necessary, old linen and bandages may be used after sterilisation.

Again, gas, coal, water, ward stores, such as soap, &c., should be used with economy: ward furniture, and all domestic articles, such as brooms, brushes, &c., should be taken care of, and thus made to last as long as possible.

With regard to crockery, both in ward and ward kitchen, much may be effected by the use of good enamel ware, once the initial expense has been met. The ward linen also will call for good supervision: articles should be sent for repair as soon as necessary.

The laundry also should be economised as far as possible, without interfering with cleanliness. The whole avoidance of waste really depends upon whether or no there exists an intelligent system of economy in the ward, and upon the Sister's vigilance in seeing that her system is carried out in every detail. All should be instructed in keeping everything to its own use, as far as possible.

The "offices" scarcely come within the nurse's scope, though here, in many ways, a great saving can be effected, no doubt, by the exercise of care and experienced business capacity.

In the workrooms, such as linen stores, almost every large article too old for mending may be cut down into smaller ones, such as good parts of sheets for toilet cloths, &c., &c. But this is usually in the hands of those from whom the nurses' code of economy originally comes.

Then, in the nurses' home, the nurses may effect much by ordinary care of furniture, crockery, water, gas, coal, &c.

To sum up, cheap common goods in the way of linen and food are never found to be an economy; rather, the expert buying of things which will give the best value at the smallest outlay. If the staffs of hospitals would all try to carry out an intelligent economic system, it is possible that the fancied economy of small salaries and under-staffing would be less evident.

Lastly, I would add that any who aim at administrative work would do well to read and assimilate the editorial article of our JOURNAL of August 21 of this year, and they should prepare themselves for such important duties, by taking a course of instruction in domestic economy.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine, an excellent paper, but too long for rules of competition; Miss Lucy C. Cooper, Miss Henrietta Ballard, Miss Jane Long, Miss Katie Green, Miss R. Kisley, Miss A. Harding.

Miss Dora Vine writes:—

"In my opinion, an enormous amount could be saved in our hospitals and infirmaries, if the fundamental principles of domestic economy and management were carefully taught, not only to the probationers, but also to the other members of the staff, from the students and doctors to the servants and wardmaids. 'Because they didn't think' is often an answer to charges of extravagance, but 'because they didn't know' is sometimes a truer reply. In a well-regulated hospital, waste can be avoided by *knowledge*. . . . In hospitals supported by voluntary contributions, it must be remembered that all the money represents charity in a very high sense—the love of man for man; so that whether a nurse works under the Poor Law or in a hospital, she is on her honour to practise true economy. To go into details:—A probationer must be taught during her training how the hospital is worked, through the various departments, and I suggest a systematic course of instruction."

Writing of the cleaning of the building, Miss Lucy C. Cooper very pertinently remarks:—"It is not the soap rubbed into the brush which constitutes waste, but the piece left to melt at the bottom of the bucket; it is not the Sapolo rubbed on to the taps which is wasted, but the block laid on the wet sink. So also with beeswax, blacklead, and other materials used in cleaning."

#### QUESTION FOR NEXT WEEK.

How would you allay irritation of the skin caused by iodine, mustard plaster, and soap and water enema?

#### THE NATIONAL UNION OF TRAINED NURSES.

The National Union of Trained Nurses asks us to announce that it can let at its new office, 46, Marsham Street, Westminster, a good room for meetings, capable of seating eighty people. There is a small platform, gas lighting and heating. The charge is 10s. for a meeting of three hours or less, and 6d. an hour after. Applications should be made to Miss Thurstan, the Secretary, who will be pleased to show the room.

### "SOMEWHERE IN FRANCE."

Although the war is a year old, we have so far been content to do spade work at home, and watch the younger generation go forth to active battle. But duty in connection with the French Flag Nursing Corps called us to Paris; it was permissible, therefore, to note a few things by the way. Journalists of all nations have described the war, and marvellously tasty they have made it considering the spice of imagination required to dish it up. The Huns had no sooner blasted their way through Belgium than all and sundry desirous of earning an honest penny with their pens hastily attired themselves in wondrous garments, and fled over the water, prepared to follow the drum. Many of our women writers thriftily attached themselves to voluntary hospitals supported by an emotional public, and, dressed as nurses, or in hybrid attire, kodak in hand, proceeded to observe. Their observations are now turned to lucrative account on platforms or in book form.

From flash and crash let us turn to the humdrum everyday real little things, the movements of the straws which show how the wind blows; and it is marvellous what tells these little straws can be.

Take Boulogne, one-time refuge of those empty of purse—a haven where vulgar writs could not be served! Can this be Boulogne? This busy quay, bristling with martial ardour? Where are the picturesque fishwomen, with their corrugated faces and white caps (not in the least like the charming picture of the Boulogne matelote which we present on this page), and all the other dear familiar sights

and sounds? In the station the *Rapide*, which steams with so much deliberation through the lovely land to Paris, awaits our pleasure. On the platform, standing in groups, grinning and sprightly, are beautiful brown, blue-eyed, snub-nosed, straight-spined, large-fisted Tommies. We left their like at Folkestone less than two hours ago, but if we had not seen them for a year, and had just sighted a rescue party of them in the desert of Sahara, after days and days of sandstorms and growling beasts, and bruises from humpy camels, and empty water-

bottles, and sun-strokes, and mad Mullahs (one associates the desert with such disasters), we could not have looked on them with greater favour. Of course, we open the carriage window and pass the time of day, hand out the day's papers and all stray belongings, eat luscious fruits together, and feel so supremely safe and insular that Hymns of Hate sung by harmonious Huns, and jubilant Zepps, and tub-tumping, glass-cracking bombs don't amount to a row of pins.

In the station yard, motors fuss and buzz about; the Red Cross is much in evidence, and a bevy of "Imperial" Sisters tuck themselves into a

large motor ambulance (about lunch time, we surmise), looking very fresh and picturesque. Then a lady, wearing short white skirts, the inevitable "Army" cap, large brown boots, and a mauve complexion, rattles a tin box in our ear, and demands alms in the name of *les pauvres blessés*. We comply, everyone complies, and as these syrens board every train in France, at every station (sometimes, we regret to note, with open alms-cups), it is to be hoped *les blessés* benefit to the full



TYPE DE MATELOTE, BOULOGNE.



from the munificent oblations gathered on their behalf.

Anyway, we hope the system will not be permitted without a licence on this side. Your money or your life in conjunction with a nurse's cap, brown boots, and mauve—; but there let it rest.

The *Rapide* makes a gentle move, and very deliberately we pass upon our way. This pleases us, as we have time to renew acquaintance with the picturesque old town, and further afield to catch glimpses of Tommie—mercifully attending to his beasts, beaung "Mimi" up a hill, helping *grandmère* to gather apples, watering sunflowers, and shining his boots—all humanising occupations, and an antidote to red war. Then we pass by those wonderful sand dunes, silver and gold, crested with fir; get peeps of the sea, and walk past the marvellous hut and tent hospitals and camps at Etaples, which appear to spread for miles and miles. Convalescents in their "honourable" blue are sunning themselves back to health. Sisters flit around, and orderlies watch their opportunity. All at once through the open windows of the train a shower of papers, cigars, cigarettes, chocolates, and other gifts is lunged. Some are neatly caught; over others there is an amusing scramble. How I wish I had known of this little game before starting. Those travelling this way, please don't forget to play at it. The day's papers are eagerly caught; and if only a limited number of cigars and cigarettes may pass the Customs, *don't smoke one*—pitch them all out at Etaples.

For August, France looks very green; there is water in streams and pools; the cattle seem well content. The orchards are heavily laden with brilliant fruit, here is a second crop of hay, and there the rich and golden grain is piled in stooks or garnered. It is a serene and smiling land. Is it possible, one questions, that

a few miles away the "murder man" squats entrenched ready to lay it waste? That is the reason, no doubt, why the little French soldiers, in their well-worn red and blue uniform, of whom the great Joffre is typical, stand gravely at attention all along the line, ceaselessly watching and guarding their "bit" night and day; and behind them, in the fields, in the gardens, caring for the children, the animals, and the homes are the women, the really wonderful Frenchwomen. Indeed, France appears to me very safe in the hands of its people, a people so simple, so cheerful, so thrifty, so patriotic. So we come to Paris. But not to the sparkling city as we knew it of old. Its lights were very dim. Of buffeting

black and blue over passports and customs, how we were rendered suspect by a cheery official claiming acquaintance, and proclaiming aloud: "The last time we met was at Cologne," of the final struggle at the "Nord," and how we seized a "taxi" by the scruff of its door in the street, clung to it with British tenacity, and finally arrived intact at our hotel, is a commonplace tale. Those who fear the struggle had better stay at home.

E. G. F.

(To be continued.)



THE GREAT GENERAL JOFFRE.

### REST ROOM FOR NURSES.

A reading and rest room for Sisters and nurses engaged in military and Red Cross hospitals was opened last week at the City Art Gallery in Manchester. The want of a suitable place where Sisters and nurses occupied in hospital work could spend an occasional leisure hour has been acknowledged for a long time.

The Committee of the Art Gallery have transformed a large storage room to a comfortably appointed lounge, where books, periodicals, and daily newspapers are provided. There is also provision for letter-writing, and in an adjoining room tea, coffee, and other refreshments can be obtained.

## NURSING AND THE WAR.

The huts, which contain some 500 beds, at St. Thomas's Hospital, and which for long have been used as a military hospital in London, have now been formally recognised by the War Office as No. 5 London (City of London) General Hospital, and upon the recommendation of the Committee of the Territorial Force Nursing Service for the City and County of London, Miss A. Lloyd Still, the Matron of St. Thomas's Hospital, has been appointed Principal Matron.

Miss Eliza M. Vesey, Assistant Matron at St. Thomas's, has been appointed Matron, and a full staff of Sisters and nurses, mostly trained at St. Thomas's, has been selected.

Miss Violetta Thurston will speak on "Red Cross Work in Belgium and Russia" at a special meeting for girls, in connection with the Annual Conference of the National Union of Women Workers in the Central Hall, Westminster, on October 4th, at 3 p.m.

The leading nurses' corporations, which have, through good management, built up such good connections for their staffs during the past twenty years, are faced with difficulties in the immediate future. During peace, patriotic committees of such societies encouraged the nurses to volunteer for the Territorial Force Nursing Service and the Navy and Army Reserve, so that when war was declared a large number of these nurses were called up for active service. This was quite as it should be, but the fact that the war may last indefinitely has depleted private nursing staffs to a minimum, as the rush "to the front" by all and sundry has been extraordinary. The fact is that "nursing the sick" is no longer the first objective of the nursing profession, but "nursing the soldiers," and for private nursing, district nursing, Poor Law nursing and in the smaller hospitals there are very few applicants.

There is, however, another aspect of the case. Many private and district nurses between 38 and 40 have been working in military hospitals for upwards of a year. They have found the ward work very arduous after their lighter duties; they have given a year's very good service, and now, in our opinion, is the time when such women should be permitted to retire from active service if they wish. During the year some thousands of younger women have been trained and certificated; these should be recruited systematically and engaged for military service, and thus permit the older, and in some instances really very tired nurses to return to their usual avocations. Their services are greatly needed by the community at large, and having served a year, they should be thanked for their honourable services, and not designated deserters if the strain on their health impels them to take lighter work.

Miss H. Maclean, the Matron-in-Chief of the New Zealand Nursing Service, has returned to

New Zealand from Egypt, much to the regret of many friends who had hoped to see her again in England. Miss Maclean waited in Egypt the arrival of two contingents of nurses and for the New Zealand Hospital ship with its staff of nurses. There are now 150 New Zealand nurses working in the Dominion's two hospitals at Cairo and Port Said, and in various other military hospitals in Alexandria and Cairo. Miss Maclean writes regretting she cannot bid her friends in England good-bye, and says "possibly some day in times of peace I may have an opportunity of visiting England again." Much important work awaits her at home in connection with her duties as Assistant Registrar of Nurses in the Dominion, where every nurse has to be prepared for the Central Examination preparatory to registration.

Personally we do not believe in the hushing up policy pursued in the conduct of this War, and why the very numerous deaths of our brave nurses in Serbia from typhoid fever have never been notified in the press we cannot imagine. We learn of a long sad list—to record them will in no way prevent other nurses offering their services. Indeed, it will inspire the best to fill their vacant places.

Forty nurses and orderlies left on Saturday last en route for the Scottish Women's Hospitals (N.U.W.S.S.) in Serbia. Owing to the renewal of hostilities it has been found necessary to reinforce the hospital units already working in Serbia. Some of the nurses and orderlies are courageously replacing the members of Dr. Alice Hutchison's unit stationed at Valjevo who are at present suffering from enteric. According to the last telegrams received Drs. Bignold and Sharp are now out of danger.

### RELIEF DETACHMENT FOR THE HOSPITAL AT VALJEVO, UNDER DR. HUTCHISON.

The following formed the units which left for Serbia last Saturday:—

Doctors.—Mrs. Hope, M.B., Ch.B., Mr. Hope, B.A., M.B., Ch.B.

Nurses.—H. J. Bayne, M. Berry, F. M. Caton, E. Clement, S. A. Donovan, J. P. Dow, A. M. Evans, J. Ferguson, Emma Gordon, C. G. Hall, F. Hamer, McN. Hay, A. S. T. Hislop, J. C. Lamb, J. Morris, M. Oldfield, E. Richards, A. Saunders, R. B. Smith, R. E. Strange, E. Walsley, A. G. Williams, M. Wilson.

Orderlies, dispenser, cooks, and laundry.

### RELIEF DETACHMENT FOR THE HOSPITAL AT KRAGUEVATZ, UNDER DR. INGLIS.

Matron.—Miss B. Bedford.

Nurses.—M. J. Ewart, J. Gibson, G. Jones, E. W. Wright, E. Pettigrew.

Orderlies, cook and driver.

The *Galea* hospital ship has recently brought home nearly five hundred wounded who need operations, from Malta. It carries a staff of

nine nurses and six doctors, and greatly needs them. Shortly before coming home to England the *Galeka* got as far as Cape Helles, from where the wounded were brought aboard a few at a time in the evening, thus removing 400 sufferers to Malta from the Dardanelles. Twenty-one deaths occurred before reaching Malta from wounds and dysentery. Five Sisters have already died of enteric at Alexandria. We are glad to know that more Sisters are to go out on the *Galeka* when she returns.

An English Sister working in France writes:—

THE "SINUS DIFFICULTY" IN WAR NURSING.

In many hospitals for wounded in France, where the most extensive and serious wounds are cared for, the prevention of surface healing over a deep sinus calls for the greatest vigilance and experienced treatment on the part of the Sister.

For instance, in the case of a sinus perhaps 12 in. long, when an endeavour is made to save the limb, one has to consider not only the possibility of an abscess forming at its extreme end, but also the possibility of pockets of pus gathering in its course. Some, of course, can be opened up, but many, on account of the amount of tissue, nerve, &c., involved, cannot be so treated. The treatment is, of course, in many cases, carried out by the surgeon, but in a busy hospital this is often impossible. When gauze plugging—or, rather, draining—is the prescribed treatment, it is necessary to see that the gauze passes right

to the end of the sinus. As it nears the proximal end, the plugging should be doubled, to prevent a "falling in" of the sides of the sinus. The outlet should be kept as wide as possible, that the pus, serum, &c., may escape freely. Squeezing of the tissue around should be performed

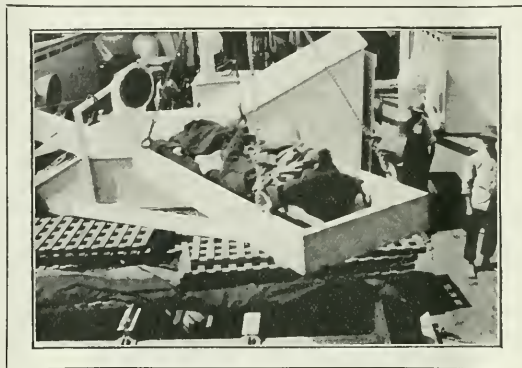
cautiously as in many cases the pus is simply dammed back into the deeper tissues. This particularly applies when the part affected is, as is often the case, a joint, such as the knee. Drainage tubes are sometimes employed; these need to be lessened in size as soon as they fit tightly. Change of position, so that the leg can drain towards the outlet, is often of use, and in

a few cases Bier's method is probably of some use.

Injections of antitoxin serum (antistrepto- and antistaphylo-coccic serum) is impracticable, and probably of little use when the amount of sepsis is so extensive.

In many cases amputation is the only remedy to prevent death from septic absorption. Any rise in temperature, with less discharge of pus, would give rise to anxiety, but when the general condition is so lowered by exposure, &c., febrile reaction is often absent, neither is there usually increase of pain. In all cases the general condition needs to be raised to

as high a level as possible, that phagocytosis may be promoted as much as possible. Any symptoms causing a suspicion of the closing of a sinus anywhere in its course should be reported at once to the surgeon, otherwise the condition may cost the patient a limb.



BRINGING THE WOUNDED UP FROM LOWER WARDS ON THE *GALEKA*.



LANDING WOUNDED AT ALEXANDRIA.

## FRENCH FLAG NURSING CORPS.

## MÉDAILLE D'HONNEUR.

Monsieur Millerand, the French Minister for War, has sent Miss Florence Cross, F.F.N.C., who so nearly lost her life from diphtheria contracted when on duty in France, a silver Medal of Honour, to be worn on a tricolour ribbon, and a Diploma informing her that it is awarded *pour Belles Actiens* in the name of the President of the French Republic . . . *A assuré le service des malades contagieux avec le plus grand dévouement. A contracté la diphtérie au chevet des malades.* The recipient is further informed that—

*Miss Cross est autorisée à porter cette Médaille suspendue à la boutonnière par un ruban tricolore également divisé. Ce diplôme lui a été délivré afin de perpétuer dans sa famille et au milieu de ses concitoyens le souvenir de son honorable et courageuse conduite.*

The Diploma is signed by Monsieur Millerand, Ministère de la Guerre. Naturally Miss Cross values greatly this honourable recognition of her work by the French Government.

Miss Florence Cross was trained at Middlesex Hospital, and has for many years been engaged in a successful private nursing practice.

We need such a medal in England for those who risk their lives in hospitals for contagious diseases.

A Sister writes: "In the Erysipelas wards the French methods of treatment are very interesting. One day the Médecin Chef asked me to experiment on four soldiers suffering with erysipelas of the face, the first to be painted with tincture of iodine, the second with solution iodo-potassium, the third to be masked with compresses of boiling water, and the fourth with bleu de méthylène, the last an entirely new idea, but very effectual, so now we try bleu de méthylène for many things with astonishing results. With Diphtheria cases we use a large amount of serum and have very successful cases providing we get the patients in within reasonable time. I find my work here full of interest. . . . The Sisters are all very sorry that the Médecin Chef, Dr. N—, of Paris, has been called to the front. The Sisters are all very happy together.

A gentleman who thinks "so many good things come out of France," has sent Mrs. Fenwick a cheque for £250 for the funds of the Corps. This will help the work materially, as the expenses necessarily incurred in the organisation of the F.F.N.C. and actually paid out for the travelling, hotel and other expenses of a large staff of nurses mounts up to a very considerable sum, though when compared with the huge expenditure of many war charities, we feel sure when our balance sheet is published—as it soon will be—that many administrators will marvel at the great value of the work accomplished at so small an expenditure. Donations will be gratefully acknowledged by the Hon. Treasurer.

## A MOST USEFUL GIFT.

Lady Grant Duff, of the British Red Cross of Switzerland, has sent Miss Ellison three bales of most useful gifts for distribution in the hospitals where F.F.N.C. Sisters are at work.

Bale 1: 25 special parcels, each contains 1 day shirt, 1 pair drawers, 1 pair socks, 2 handkerchiefs, 1 towel, 1 wash-rag and soap, 1 toothbrush and powder (in case), 1 pocket bandage, 1 vaseline, 1 book, 1 chocolate, pencil, paper envelopes; 250 articles, 100 comforts; total 350.

Bale 2: 340 bandages, 500 wash-rags, 20 many-tailed bandages, 10 R. rolled knitted bandages, 2 cushions, 100 handkerchiefs, 8 sheets, 1 blanket, bundle old linen; total 981.

Bale 3: 9 slippers, 10 pyjamas, 10 bed jackets, 10 wounded shirts, 100 towels, 100 handkerchiefs, 7 cotton nightshirts; total 246. Total, 1,227.

Mrs. Fenwick has received from J. Bore & Co., North Hill Street Works, Liverpool, a splendid consignment of pillows for the hospitals in which the F.F.N.C. are working, with a most generous promise of more if required. We all know how much such comforts are needed, and how greatly they are appreciated by sick and worn out men.

The wonderful Marylebone depot for hospital comforts working at full speed at 2, Cavendish Square, London, W., has already sent us boxes to Neufchateau and Fismes, and as soon as the large order for the new hospital the British are sending to Russia is completed, more help is to be kindly given to the F.F.N.C. No Society seems keen on sending blankets, but we have a little plan about a consignment now the cold weather is coming along, and hope the readers of THE BRITISH JOURNAL OF NURSING will help to carry it into effect at an early date.

In our opinion many more masseuses should be employed in military hospitals. The treatment is most beneficial in quite a number of cases, for which it is never employed, and we are pleased to learn from Sister Wadsworth, at Evreux, that they have now taken possession of a much larger room to enable the wounded needing such treatment to have it. Four Sisters are kept at the exercises all the time, and a fifth is to be added, and indeed this clinic is becoming quite famous for its good results.

## THANKS TO THE KAISER.

We hear that after the "bombardment" of a certain hospital last week more than one nurse expressed the pious opinion that "At last, thanks to the Kaiser, we shall have a new Home." We are not so sure, the walls still stand, more's the pity!



## MILITARY NURSING IN SOUTH AFRICA.

MILITARY HOSPITAL, POTCHEFSTROOM,  
TRANSVAAL, S.A.

MY DEAR EDITOR,—I am still working for the S.A.M.N.S., but have been sent with three Sisters (Blake, Davies, Wiese) to open up the above hospital. I, by courtesy, am Matron, but really have, since leaving Wynberg, been on Imperial pay as Sister, as the Overseas contingent will only take one Matron, and naturally it will be the Matron-in-Charge, we expect, who will take us over to Europe as Matron. Meantime, I for one am only too happy to serve where invited. The cantonments here are very prettily laid out, avenues of eucalyptus trees affording a nice shelter, and I should think in the heat of summer a protection to the wards, as all are of the usual corrugated iron, lined wood.

The recruiting for Overseas contingent is, I believe, making a steady advance, and we, of course, have already a few patients. It seems that no large number of men could be got together without some sickness, and if not illness, then accidents from gymnasia or lifting. Our numbers are not so rapid in the recruiting as might be if the everlasting question of pay had not to be considered. The living in a colony is always a more expensive matter than in Europe, and many wish to volunteer, but fear poverty for their wives and families. Many firms are hoping to supplement the Imperial pay to their men, whilst they are serving in the Army. If this is done a much more representative force will be sent from South Africa.

The climate here at this season of the year at Potchefstroom is ideal, and must be very beneficial to those who have been quartered at the Cape for the last three months, as this is their season for rain, and Wynberg has the biggest rainfall in the peninsula; but to those who had just returned from desert life it must have been very refreshing, if only to get soft-water baths, for we felt very much in need of soft water. Skin and hair get fearfully dried and perished in desert life. You will remember I was first Matron of the Base Hospital, Kuruman, and then, as the forces advanced through the Kalaharie, the hospital was packed up and followed the guns, the Sisters and I going on by motor transport, accompanied by other cars, and our rations, and blankets for bedding, very small canvas kit bags with bare necessities, the luggage being with waggons drawn by oxen, who did 10, 15, and sometimes 20 miles a day. There is no doubt that for the highway made through the desert we are indebted to the Motor Corps for the success which really was a big outflanking movement, ending in the fight and victory of Gibeon, for without motors carrying the water for the oxen the method being to take tanks of water from a bore hole to the outspanning place every day, motorists working at water-carrying to enable the transport arrangements to continue, and even then the number of dead

animals we passed testified to the fearful strain it must have been to men and animals alike.

The Gibeon fight took place on April 27th, and on May 8th I reached Gibeon, with one Sister, leaving two Sisters in charge of Kutmanshoef Hospital. We found a very overcrowded condition of things existing at the hospital, which had 120 patients, chiefly British, and, of course, some Germans. There were about twelve German ladies in Gibeon, who had really helped well in domestic matters for the hospital, cooking, &c., and they had one trained German nurse, one doctor and one orderly, but they naturally devoted their attention, at the request and with the permission of our A.D.M.S., to their own people. The Police Barracks, which was a mile from the battlefield, had been used for a hospital, and was conveniently situated in the centre of Gibeon town, but as soon as we arrived and the patients were getting a little more consecutive treatment, the A.D.M.S. began to look round for a more wholesome place in which to place our wounded men, and decided on the school-house, a nice new building on a kopie near, a splendid site overlooking the Fishrim, a view of which, to be obtained from the hospital veranda, I enclose.

For the first week of our arrival, the whole day was taken up in one long round of dressings; the orderlies and doctors, who had done everything previous to our arrival, had not been able to cope with all details, and we found terrific bed sores, which, owing to the exhausted condition of many men after their long march before the fight, gangrene had set in on pressure spots very quickly; without exception, I think all wounds were septic; and then, too, these brave men had very short rations for a time—plenty of fresh meat and a fair quantity of milk, but biscuits scarce and no meal until transport came in after we got there. However, it was wonderful how splendidly everyone behaved—the orderlies never minding how many hours they worked, and our Major never minding how often he was called in the night, although going full tilt all day and every day. Things improved greatly after we were reduced in numbers sufficiently to move to our clean new hospital, and we moved 75 cases in two days, carrying all the bad ones on stretchers, very gently, which took time, as all were dressing cases; and those well enough by motor. We had been sending all sufficiently well to travel by motor thirty hours' journey to Keetmanshoop; the journey might be done in twelve hours, if everything was favourable, but it depended a little on the condition of the patients, and greatly on condition of road.

After we had moved over, we got two more Sisters who had trekked from Ludertizbuck train to Aus, and from there by mule wagon, which took them thirteen days. They were very tired on arrival, and the Colonel was very considerate in arranging that water should be made hot, to give them a bath—a luxury that needed some arrangement, since we were still hard at it in hospital. We were very glad to receive them,

and the arrangement of work became almost normal after their arrival. One Sister I put on night duty, and great was the relief of all to feel that everything at night could be directed by a trained Sister. Things improved daily; rations were served out very generously; and about three times a week patients were sent off by motor to Kectmants; and the great day came at last, when the train was through to Gibeon. So we once more had orders to pack, and our remaining helpless patients were one by one motored very carefully to the station, a Sister being stationed with the orderlies on the hospital train, to receive them (Sister Cadlolo), and I, with doctor and sergeant-major, stayed at the hospital packing them off, the last motor and patient leaving at five p.m.

to help in the gigantic struggle going on at home. And now here we are recruiting at Potchefstroom, or should I say mobilising? I am hoping we may be sent with the first contingent of troops; but directly I know, I will write you our destination. I must tell you that, in spite of privations and hard work, we have kept perfectly well, and when there are a few moments of idleness I think of the glorious Kalahari desert, with its vastness and terrors and magnificent sunsets of indescribable grandeur seen every evening; and yet, with all its fascinations—the game, both great and small, and lovely birds—still the fact remains, that once you really get in the desert, a striving mad desire presses you forward to get out of it again; and one is conscious that it is the sight of the sea we



GIBEON. SOUTH-WEST AFRICA.

All were aboard the train by night-fall. We left for Luderitz the following morning.

Arrived there two days later and the patients were transferred to the lovely hospital at Shark Island, a photo of which you published in *THE BRITISH JOURNAL OF NURSING* a short time ago. To us all it was a great refreshment to get by the sea once more, and the week waiting for *Elban* was very beneficial. We left for Cape Town the following Wednesday, and in great comfort; our patients were conveyed to Wynberg, their arrival being announced by the ringing of joy bells to emphasise the fact that the struggle in German South West Africa had ceased. Peace was proclaimed the day we landed, and everyone's thoughts, even those of our poor patients, were inspired with a desire to go over at once to Europe

islanders prefer. Goodbye, dear Editor, I have kept a diary, and some day hope to shape it up; but it has been a full day's work from the start of campaign.

Yours, with love,  
L. C. CHILD.

Miss F. E. Latham, who was Assistant Matron of the British nurses sent out to Antwerp, and served throughout the bombardment of that city, has now gone to Serbia with Miss Kate Shrigley and Miss Lilian Tiddeman to join the First British Field Hospital there. Miss Latham went to the Duchess of Sutherland's hospital in Dunkirk after returning from Belgium, and has been Matron of the Red Cross hospital at Warley for the last six months.

## JOINT WAR COMMITTEE.

## AT HOME.

The following Sisters have been deputed to duty in Home Hospitals:—

*Hillsborough Hospital, Harlow, Sussex.*—Miss M. E. Graham.

*V.A.D. Hospital, Hoddesdon, Herts.*—Miss N. A. Bruce.

*Endleigh Palace Hotel, W.C.*—Miss N. M. Macdonald.

*Chimney Red Cross Hospital, Swanage.*—Miss J. D. Henry.

*Eastfields, Camberley.*—Miss M. E. Kelly.

*Kingston Red Cross Hospital, New Malden.*—Miss O. Greenwood.

*Wallacefield Convalescent Home, Croydon.*—Mrs. Boldeswell.

*Military Hospital, Spalding Hall, Hendon.*—Miss E. Curry.

*Temperance Hospital, Skinner's Gate, Darlington.*—Miss A. M. Gould and Miss M. A. R. Airey.

*Wicklow Lodge Hospital, Melton Mowbray.*—Miss M. Brown.

*Regent's Park Hospital, Southampton.*—Miss J. R. Ferguson.

*Voluntary Hospital, Blankesmere, Southsea.*—Miss E. Collier.

*Red Cross Hospital, Alnwick.*—Miss E. J. T. Lethbridge.

*Seaham Convalescent Hospital, Sunderland.*—Mrs. R. Smith.

*Red Cross Hospital, Highfield Hall, Southampton.*—Miss A. G. Chamier.

*Red Cross Hospital, Tewkesbury.*—Miss A. M. Sunderland.

*Red Cross Hospital, Filsham Park, St. Leonards-on-Sea.*—Miss N. Cowell.

*Red Cross Hospital, Parochial Hall, Kenilworth.*—Miss F. A. Walker.

*Rhydd Court Hospital, Hanley Castle, Worcester.*—Miss F. L. Fore.

*Red Cross Hospital, Gloucester.*—Miss Freda L. Burr.

*Clandon Park, Guildford.*—Miss K. McGrath and Miss E. L. Phillips.

*Kempston Hospital, Eastbourne.*—Miss M. A. Price.

*Etal Manor, Alnwick.*—Miss M. J. Hayton.

*Auxiliary Hospital, Cobham.*—Mrs. M. F. H. Price.

*Yarrow Military Hospital, Broadstairs.*—Miss H. Commerton.

*V.A.D. Hospital, Trent Bridge, West Bridford, Notts.*—Miss Amelia Smith.

*V.A.D. Hospital, Derby Dale, Derby.*—Miss L. Arnold.

*Budworth Hall, Ongar.*—Miss E. M. Lloyd.

*Endleigh Palace Hotel, W.C.*—Miss M. Murphy.

*St. Matthew's Hall, St. Mark's Road, Willesden.*—Miss M. E. Burt (Canadian).

*Chimney Red Cross Hospital.*—Miss F. Charteris.

*Highfield Hall, Red Cross Hospital, Southampton.*—Miss F. Howell and Miss E. Anderson.

*V.A.D. Hospital, St. Lawrence, S.W.*—Miss E. G. M. Parker.

*V.A.D. Hospital, Strood, Kent.*—Miss H. Goss.

*Highams Military Hospital, Woodford, Essex.*—Miss E. Murray.

*V.A.D. Hospital, Stow-on-the-Wold.*—Miss T. A. Mabbs.

## ABROAD.

The following Sisters have been deputed for duty abroad:—

*Boulogne.*—Miss Mary I. Hamer, Miss I. E. B. Welsh, Miss R. J. Osborn.

Twenty-two more nurses are to start for Boulogne on Wednesday next, September 15th.

## CARE OF THE WOUNDED.

The King and Queen gave immense pleasure by visiting the Naval and Military Hospitals during their tour in the West Country. Their Majesties also paid a visit to the Royal Sailors' Rest, founded by Miss Weston at Plymouth.

The Queen and Queen Alexandra have both given their patronage to "Our Day," which is to be held on October 21st on behalf of the work of the British Red Cross Society and the Order of St. John for the British wounded.

The Queen has given £50, and Queen Alexandra £100, to the Anglo-Russian Hospital.

Princess Christian of Schleswig-Holstein on Saturday opened the new British Red Cross Military Hospital built on Crown property at Englefield Green, Windsor. The Red Cross Society contributed £10,000 towards its cost and the rest of the money was collected by Princess Christian.

We report with very sincere regret the death of Sir Claude M. Macdonald, G.C.M.G., G.C.V.O., K.C.B. Quite recently Sir Claude was appointed General Secretary of the Order of St. John of Jerusalem in England. Since the war he took a very active part in the work at "the Gate," and was specially chivalrous towards and appreciative of the work of the nurses engaged by the Order, and working far and wide at home and abroad. He will be greatly missed by a very wide circle.

The British Red Cross Society is organizing work parties for the supply of medical and surgical necessities and comforts for the wounded.

It is hoped that women will assist by either working at the various branches that are being established, or at their homes.

The Canadian Red Cross Society has sent a generous gift of £10,700 12s. 7d. to the British Red Cross Society. Canada has sent many munificent gifts for the sick and wounded.

## APPOINTMENTS.

### MATRON.

**Walsall and District Hospital.**—Miss Nellie Daveport has been appointed Matron. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne; and has held in that institution the positions of Sister of the Eye, Throat and Ear Wards, Theatre Sister and Housekeeping Sister.

**Hayes Cottage Hospital, Middlesex.**—Miss Gillatt has been appointed Matron. She was trained at St. Mary's Hospital, Paddington; and has been Staff Nurse at the Epsom Cottage Hospital.

**South Elmsall (Pontefract) Warde-Aldam Cottage Hospital.**—Miss J. Archer has been appointed Matron. She was trained at the Royal Infirmary, Sunderland; and at the Victoria Infirmary, North Shields; she has held the position of Sister, has been Sister in charge of the Nursing Home, Sunderland; Night Superintendent and Temporary Assistant Matron of the York County Hospital. Miss Archer is also a certificated masseuse.

**The Isolation Hospital, Altrincham.**—Miss C. Winter has been appointed Matron. She was trained at the West Didsbury Hospital, and at the Monsall Fever Hospital, Manchester, and has for three years been Matron of the Borough Sanatorium, Maidstone.

### SUPERINTENDENT NURSE.

**Union Infirmary, West Hartlepool.**—Miss Margaret Leng has been appointed Superintendent Nurse. She was trained at the Infirmary, has held the position of Night Superintendent Nurse, and has now been promoted to her present office.

### NIGHT SUPERINTENDENT NURSE.

**Harton Hospital, South Shields.**—Miss Lily E. Baylis has been appointed Night Superintendent Nurse. She was trained at Croydon Infirmary, and has been Superintendent Nurse at Bromsgrove Infirmary and Portsmouth Infirmary, Sister at the British Lying-in Hospital, and Night Sister at the Infants' Hospital, Vincent Square, S.W. Miss Baylis holds the certificate of the Central Midwives Board.

### CHARGE NURSE.

**Belper Union.**—Miss Laura Sarah Withers has been appointed Charge Nurse. She was trained at the Norwich Union Hospital, and has been Charge Nurse under the Prestwich, Maidstone and Cannock Unions, Midwife at Salford, and Head Nurse at the Andover Union Infirmary.

### PRESENTATIONS.

Miss M'Gaw, the popular Matron of the Stephen Cottage Hospital, Dufftown, N.B., has been presented with a gold bracelet watch by many friends who regret her resignation after five years' excellent work for the institution. The presentation was made by Dr. George Cowie Grant. In reply,

Miss M'Gaw said she would always value the gift for the sacred associations which it would convey to her.

A pleasant ceremony took place recently at Fraserburgh, when Miss Barr, who has acted as Queen's Nurse for the last five years, was made the recipient of a parting present from the committee of the District Nursing Association under whom she has worked. Miss Barr, who has resigned her position, to be married, has performed her duties so quietly and unostentatiously that the general public have not realised the extent and her value. But her patients have highly valued her services.

In making the presentation, Miss Phimister expressed the Committee's high appreciation of the splendid work done by Miss Barr and wished her much happiness in her future life, and Miss Barr, who replied in a happy speech, was received with much acclamation. The gift took the form of a tea service consisting of teapot, cream jug, hot water jug, and sugar basin and tongs.

### PRIVATE NURSING IN LONDON.

Mrs. Bedford Fenwick, Hon. Superintendent of the Registered Nurses' Society, will be pleased to receive applications from thoroughly trained nurses desirous of joining the Society, preparatory to the winter's work.

*Qualifications.*—Age between 25 and 32; a certificate for three years' consecutive training from a good general hospital of not less than 100 beds. Additional experience in the nursing of infectious diseases, mental diseases, nerve diseases, maternity and massage are an advantage—as additional fees can be earned by those nursing such cases. Apply first by letter stating experience to the Registered Nurses' Society, 431, Oxford Street, London, W. A personal interview will be arranged for suitable candidates.

### TRUE TALE WITH A MORAL.

#### HOW THE NURSING PROFESSION IS RECRUITED.

*Overheard on an Edinburgh Tourist Boat.*

Three workwomen tourists conversing:—

No. 1: My Margaret works right hard. I do get a bit of rest now.

No. 2: I do all my own work; no one helps me.

No. 3: Why don't your Jess help you?

No. 2: Oh, our Jess has gone to be a nurse. The nurses and doctors are all such a nice family party, they don't even care to read the papers, or take any interest in anything outside the hospital. They play tennis between whiles, and they're very happy. Why, before she'd been there a week Jess had helped with a post mortem, and the doctor called her in the night to see something on a brain he'd been examining. Of course Jess doesn't like it when the patients die, but it all makes a change.

When the Matron heard as she came from Oban she sent for her and talked to her for hours.



## NURSING ECHOES.

We may remind our readers that several important nursing questions are to be brought forward and discussed at the Annual Meetings of the National Council of Women of Great Britain and Ireland, at which members of the Congress other than delegates may be present, although not eligible to vote.

A demand for State Registration of Nurses will be brought forward by Mrs. Bedford Fenwick, and seconded by Mrs. George Cadbury.

Miss Gibson, on behalf of the Workhouse Nursing Association, will bring forward the proposal that a Nursing Service, under the control of the Local Government Board, should be established, and that an Advisory Committee of experts be appointed to formulate the scheme.

Miss E. S. Haldane will propose a resolution urging local authorities to place suitable women on the Boards of Management of all hospitals and kindred institutions. Miss Haldane served for some time on the House Committee of the Royal Infirmary, Edinburgh, which has been a very good example to our more reactionary general hospitals in London.

Programmes, giving full particulars, and tickets of admission—season 3s. 6d., and single meetings 1s.—may be obtained from the Secretary, N.U.W.W., Parliament Mansions, Westminster.

The Scottish Society of Trained Nurses has published in pamphlet form the "Nightingale" Prize Essay on "Modern Nursing: Its Development, Advantages, and Responsibilities," by Sister J. C. Cowie, and the profits from its sale will be given to Queen Alexandra's Field Force Fund and the Scottish Women's Hospitals in France and Serbia. The price is threepence. Copies may be obtained from Miss E. A. Stevenson, the Hon. Secretary of the Society, at Bay View, Johnshaven, Kincardineshire.

In her introductory remarks, Sister Cowie says the public conscience was roused to the enormity of entrusting our sick, in their too acute sensitiveness, to women of such a class as "Sairey Gamp"—and asks if Miss Nightingale was not directly inspired by Sairey's deficiencies? She says that to the nun-nurse can be traced the popular idea that nursing is for disappointed women, if heaven is for beaten men. And, indeed, in hospital "the solitary are set in families," and the absorbing nature

of the work leaves little time for the nurse to think of weeping for herself, even if she has reason to do so.

The Essay reminds us of the odds against which Florence Nightingale fought in her epoch-making work, and goes on to touch on the various departments of nursing as organized to-day.

"To my thinking," Sister Cowie writes, "a danger in hospital life lies in allowing oneself to become a slave to routine. The evil effect of this may not be immediately visible; but some day it will attack the unsuspecting victim like a thief in the night. It may be the giving of a wrong medicine, or the failure to observe a new symptom in a hitherto uneventful case, or the omission of the one encouraging word that might have inspired with fresh hope some despairing and desolate soul. The remedy is not to think of the patients as inmates of an institution, or interesting cases or the reverse, but as living, love-craving beings. Let us follow humbly in the footsteps of Sir Walter Scott, who never met anyone who could not teach him something he never knew before, and try to enter into the feelings and life-story of each occupant of what, to him or her, may seem painfully similar beds." Sister Cowie is evidently a woman of wide sympathies, and we recommend probationers and nurses to possess themselves of her Essay.

Speaking at a Conference held recently at Mold with the object of forming a permanent Nursing Committee for the County of Flint, Mr. J. Herbert Lewis, in seconding the proposition, said that in whatever else they economised they must remember that the maintenance of the public health, and, above all, the preservation of child life, was now more essential to the nation than ever before. It required their ceaseless efforts if the nation of the future was to become what they desired to see. A cause of this kind ought to commend itself to the hearts and labours of all, to whatever creed or party they might belong.

Mr. Frederick Hicks, of Berkeley Lodge, Weybridge, Surrey, who died in June, has left among other bequests an annuity of £25, the use of a house in Chapel Place, Ramsgate, with the cottage adjoining, and £2,000 in trust for his nurse, Elizabeth Needham.

We are pleased to note that Lady Crewe and Miss Margaret Bondfield are making an appeal on behalf of the Home Helps Society—an out-

come of one of the training schemes initiated by the Central Committee on Women's Employment. The object of the Society is the organization of a permanent supply of properly trained "home helps." These "home helps" must not undertake any duties which belong to the sphere of the nurse or midwife, but are trained in domestic work, including cooking, washing, care of children, mending, marketing, &c. To place the scheme on a permanent basis £1,000 is needed at once. The Queen has expressed her interest in this work and has contributed to its funds. Contributions should be sent to the Treasurer, Home Helps Society, 4, Tavistock Square, W.C.

We hope there will be a generous response to this appeal, as such workers would be invaluable to supplement the work of trained district nurses. The system has proved most practical in the East End of London.

The President of the Local Government Board, in a letter to the Driffield Board of Guardians, has declined their request that for the sake of economy the three recently-established children's homes should be closed and the children taken back to the workhouse for the period of the war. He hopes the Guardians will be able to find other means of reducing expenditure without any detriment to the children under care.

The Early Notification of Births (Amendment) Act came into operation on September 1st. It is not a strong measure, and will require backing up if it is to be of real practical value.

Sister Margaret B. Weatherup, Red Cross Hospital, Giza, Cairo, in the course of a home letter, describes the great strain of overwork with which the medical and nursing staff are called to cope in dealing with the wounded from Gallipoli. She adds:—"I don't know how many cases are in now—wards, balconies, and corridors are full. The Dardanelles fighting has been very much worse than in France, at least the men say so. When one batch of stretcher cases came in we were not expecting them. A great many of the élite of Cairo, who were dining at their clubs when the news spread that an ambulance train with very serious cases had arrived, just came out to the hospital as they were, and carried the stretchers in. It looked strange to see four men in evening dress carrying the stretchers. Lord Edward Cecil was one of the helpers. It is not long since he lost his only son."

## "A VISION."

"Where there is no vision, the people perish."  
"Autre pays, autre mœurs," thus runs the French proverb.

To some extent, superficially, it may be true, but under the surface, I venture to state, human nature is very much the same all the world over.

To the overstrained and worn-out workers across the Atlantic, as to us weary souls at home, comes at times a longing to step aside from the crowd and turmoil, and to turn from things temporal to things spiritual, and when that longing is most keen and the need greatest, there arises for them, as for us, an oasis in the desert, where, not only are our physical wants satisfied, but our tired minds are calmed and quieted, and our souls are drawn back to the "higher vision" from which they have so often drifted.

Two summers have passed since I wrote to the BRITISH JOURNAL OF NURSING of the charms of Buckfast Abbey and their Guest House, where amid the beautiful scenery of the Upper Dart the Benedictine Monks live and work by the rule of life drawn up by their founder in the thirteenth century. From the monastery the monks offer a welcome to all, and from the Abbey the Angelus bell speaks to the traveller and passer-by of "that peace which the world cannot give." And now during our recent journey through the States of America, amid the tropical scenery of far-off California the same message came to us from the Spanish bells of the Mission Inn, Riverside,

"Come ye apart and rest awhile."

The monks, alas, are no longer there to welcome us, but the spirit of their lives and teaching still lingers, and I think that a brief sketch of the history of the Spanish Missions and of our happy evening spent at the Mission Inn, may be of interest to the readers of our JOURNAL.

In the middle of the eighteenth century the Spanish throne conceived the idea of colonizing Upper California and entered into an arrangement with the monks of the Order of St. Francis of Assisi to establish Missions for the purpose of converting the Indian tribes to Christianity.

The monk chosen to take charge of the Mission was a certain Junipero Serra, a man of saintly piety and energetic character.

In the year 1769 he landed in the Bay of St. Diego, and within two months had founded a Mission at the mouth of the St. Diego river.

From that time onward, twenty-one Missions were founded along the coast, extending as far as San Francisco.

The Indians became Christian, and helped in the construction of the churches and monastic buildings and were taught to cultivate the land, besides learning the arts of wood-carving, basket-making, and weaving.

On the whole the Indian tribes proved tractable, and settled in large numbers round the Missions, but occasionally they rebelled, and rose up against

their teachers, and the monks invariably selected for the site of their monastic buildings a position suitable for defence in case of need, and combined in their style of architecture military strength with religious art.

And for a period of over fifty years, Spanish monks and native Indians plied their peaceful vocations side by side on the slopes of the fertile valleys of California, cultivating the orange, olive and fig tree, date palms and bananas, and other sub-tropical fruit imported by the Spaniards, encouraged by the monks in the enjoyment of all innocent amusements on feast-days and holy days, and joining with the holy fathers in prayer and praise when summoned by the mission bells to ceremonial devotion.

are used for parochial purposes); but, although in ruins, a spirit of consecration still lingers round those cloisters, arches and solitary towers, where bells hang silent, yet eloquent of the past, and travellers of every creed and nationality stand and gaze, as we did on our arrival at St. Gabriel, and ask—

"Who will tell us more of the Missions and their story?"

The answer came when we arrived at the Glenwood Mission Inn, Riverside; and to Mr. Frank Miller, the founder, the builder and the master of the Inn, we owe a lasting debt of gratitude for the restful hours spent under his hospitable roof—hours of inspiration and beauty that will remain with us when we have returned to our



ON THE SUMMIT OF MONT RUBIDOUX.

But, alas! the prosperity of the missions became their downfall.

The Mission properties increased in value and brought in large yearly revenues, and in 1833 the Mexican Government, like a bird of prey, swooped down and seized the estates, in order to replenish their own impoverished exchequer.

And sadly the holy fathers forsook the scene of their labours, and silently the Indians melted away into the gloom of the neighbouring forests and the darkness of heathendom, except a few who had intermarried with Spanish soldiers and colonists.

The monasteries are now in ruins, the churches in decay (with the exception of two or three that

work-a-day life—a memory of work accomplished by the saintly men of old, a "vision of work" that Frank Miller has himself conceived and brought to perfection, an inspiration to guide us in work that may await us in the future!

We arrived at Riverside, June 14th, after a hot and tiring journey through the Colorado desert, and full of regrets at leaving behind us the awe-inspiring Grand Canyon of Arizona.

But new attractions awaited us at Riverside, and great was our delight on hearing that a motor drive was arranged for us to Mont Rubidoux, in order that we might enjoy the scenery and tropical vegetation in the immediate neighbourhood.

Oh! how I wished that all the tired nurses of my acquaintance might have been my companions on that "lovely night in June."

We motored along avenues miles in length, under the shade of stately palm and graceful pepper trees, through orange and lemon groves, golden with fruit; past mansions and bungalows covered with gorgeous flowing creepers and gardens ablaze with roses of every colour, and hydrangeas of a wonderful shade of blue.

On leaving this Paradise of loveliness, we wound up the hill side to the summit of Mont Rubidoux, from whence we had a fine view of the valley beneath us; but I venture to say that the cross raised on the rocks at the summit of the hill had, for most of us, an interest even greater than the beauties of nature at our feet.

This simple, rough hewn cross has been placed there in memory of Junipero Serra, the founder of the Spanish Missions in California; and year by year, as Easter Day comes round, a service is held at sunrise attended by men and women of all creeds and nationalities, to commemorate the life and work of the holy Franciscan monk.

"Being dead, he yet speaketh."

We returned to Riverside, wishful to know more of this good monk and his life work; and also full of curiosity as to our destination and halting-place, "The Mission Inn."

"Is it a Monastery?" I asked one of my fellow travellers, as I gazed at the cloister arches and heard the chime of the Spanish bells.

"Oh, no," she answered; "the monks were driven out of California long ago—the Mission Inn is a first-class hotel."

My companion spoke truly.

The monks have long since left the neighbourhood. The Mission Inn is certainly a first-class hotel, but she failed to tell us that in Frank Miller, the Californian, a man has arisen to whom the memories of the past are a sacred trust, to whom a "Vision" of a high purpose has been granted, and with it the power and the abilities to bring that "vision" to fulfilment.

Colonel Frank Miller combines in his person inherited business instincts with a love of all that is beautiful in art and music, but above and far beyond all this he has realized that under the surface of modern civilization there exists in the hearts of men and women a craving and a need for something more than creature comforts, a blind groping for a peace that the world cannot give, and of which the monks of old held the secret.

#### HOW THE MISSION INN CAME TO BE.

Frank Miller, appreciating the importance, historic and religious, of the old Mission buildings—those earliest monuments of Christian civilization on the Pacific coast—cherished the vision of reproducing in Riverside the actual outlines of one of the Franciscan missions.

He has honestly striven to impart in every detail of architecture and furnishing the spirit of those old mission days, the spirit of courtesy and

kindliness and true frank hospitality—the spirit that makes for peace, quiet and rest.

"Enter, friend, this is your house," is the Spanish motto that greets you at the main entrance.

The Mission Inn occupies an entire city block, and is built round a courtyard full of shady trees and tropical shrubs and plants.

Under the trees are suspended quaint swinging seats, and here we rocked lazily to and fro until summoned to the evening meal.

We approached the dining hall by a cloistered walk or passage, containing niches, in which are placed images of the patron saints of the Missions, old paintings by well-known Spanish artists hung on the walls, and the red tiles over which we trod had been brought from one of the abandoned missions.

After a dainty dinner, served in the inner courtyard of the Inn, we wandered round the outer cloisters into an art room, containing endless treasures, and attracted by the sound of music we found ourselves at the entrance of the Cloister Music Room, where a fresh surprise awaited us!

The lights were low as we entered the beautiful hall, with its open timber roof, its wall hung with royal banners and escutcheons worked in mellowed colours and glistening gold.

The seats were crowded with hotel guests—men and women in evening dress, men and women tired and shabby, tourists and travellers like ourselves from all parts of the world—listening in a rapt and reverent silence to the tones of the cathedral organ.

We lost count of time as we sat in the carved oak stalls, listening to the magic tones of that mighty instrument, which seemed to speak to us of longings, fears, hopes and desires and disappointments, offering tender sympathy, then bracing us to further effort.

There was no applause during the pauses of the music, only a silence fraught with meaning, a silence laden with prayer.

The beautiful St. Cecilia window at the east end of the hall glowed with a light from without, reminding us that the sun had set, and that our time was short!

Silently we stole out into the twilight—carrying with us a sense of peace; carrying with us the memory of a Vision!—a vision of the Ideal in work, and in its train the blessing of an abiding peace.

ANNIE E. HULME.

From private letters we learn that Miss Hulme and Miss Kent are enjoying their travels immensely. Miss Hulme would like to spend the winter in California, but is just now seeing something of our wonderful Canada. With Europe in such a fearful turmoil no wonder the peaceful delights of the Pacific Coast appeal to our National delegates. We shall expect some very interesting reports of all their doings when they return home. They have been received with the very greatest kindness throughout America.



## BOOK OF THE WEEK.

## THE PIONEERS.\*

This novel is the Australasian Prize Novel in Messrs. Hodder & Stoughton's All-British Prize Novel Competition. It has therefore a powerful recommendation which is in our opinion thoroughly justified. Colonial tales of the best type are apt to impress one with long vistas and to breathe a spirit of freedom and space that must fall as refreshment on dwellers in towns. One is also compelled by them to measure life by other standards than our own, which should always be of great benefit. "The Pioneers" is a striking example of this type. Donald Cameron and Mary his wife were settlers, and at the opening of the story have just arrived at their destination some miles inland from Port Southern.

Newly married, almost newly acquainted, were these solitary invaders of this uncultivated tract of land. Donald had seen his future wife on the wharf among the emigrant women, and he offered her marriage. He was not disinterested in his desire, as there was a Government bounty offered to married couples coming to the colony, and he wanted the money to begin with. The woman, too, was glad of his protection.

She had killed a man by accident, a man whom we are left to infer had pressed her with unwelcome attention, and she was escaping from the consequences of her act. But in spite of this unromantic wooing, Donald's first act is to kneel on the virgin soil and give thanks, for he said, "She is a good woman for a man to have with him when he goes to the ends of the earth to carve out a name for himself." He was right in his estimate of her, and though his dour integrity caused him to be feared and disliked by others, he held her respect to the end. She tells him that first night "I'm not worthy of you."

"Whist," he said, "You're my woman, my wife. It's all done with, the past."

In ten years Cameron's had become the biggest clearing in the hills, as it was the oldest. These ten years had set their mark on Donald; he worked insatiably. A gawky long-limbed boy, young Davey, was their only child.

Many of the neighbouring settlers were escaped convicts, and a notable figure among them was the schoolmaster Daniel Farrel, whose offence had been a political one. He and his little motherless daughter, Deidre, come under Mary Cameron's influence, and the man's respectful homage is once and for all laid at her feet.

In due time Deidre grows up into a beautiful girl, and young Davey into a fine young man; and they plight their troth under the dying sunset.

"Deidre," he whispered, as if he had never before said her name, and to say it were like singing in church. He kissed her again, slowly and tenderly; the first pressure of her lips had made a man of him.

\* By Katharine Susannah Pritchard. Hodder & Stoughton New York.

The course of their love, however, ran by no means smoothly. Deidre was something of a coquette, and the handsome wild Conal, "Fighting Conal"—a long, black browed drover—was also a suitor for her hand.

It was at Mrs. Mary Ann's dance that the mischief was done. Davey, after two years' absence, had returned to claim her promise. "He forgot everything but that Deidre was laughing at him—Deidre, his sweetheart, was laughing at him—Deidre, who had promised—He stumbled out of the room."

Davey then took to wild, lawless ways, and his anger was turned against his upright hard father, who had the reputation of being "as mean as they make 'em." Davey joins with Conal and others in acquiring and branding cattle, some of which were his father's, in a manner "that is not as you may say permitted by law." The account of their methods in so doing is very interesting.

Tragedies abound in this book. Wild Conal is treacherously shot in the back, but dies happily, because Deidre tended his last moments. Davey narrowly escapes punishment for his offence. Deidre, to save her father from serving the remainder of his sentence, marries the hated Macnab, and kills him on her wedding day.

But fifteen years after we are allowed a glimpse of Davey and Deidre with their boy Dan. His grandmother, Mary Cameron, before her death, had impressed the lad with his responsibilities. "You will be a pioneer of paths that will make the world a better, happier place to live in."

H. H.

## THE OTHER SIDE OF SILENCE.

Though loud the chant of human fate  
From earth to heaven be flung,  
The other side of silence wait  
A myriad songs unsung :

Of dying dreams and living dread,  
Of good that seems in vain,  
Of memory mourning for its dead,  
And love that veils its pain ;

With all those happier hidden things  
Of seventy years or seven,  
From childhood's voiceless visionings,  
To Age's hopes of Heaven.

Life of thy gifts be this my choice :  
That, humbly drawing near,  
Waiting to catch the still small voice,  
I win the heart to hear.

By Habberton Lulham.

## COMING EVENTS.

October 5th to 7th.—National Union of Women Workers of Great Britain and Ireland. The Annual Conference and Council Meetings, Central Hall, Westminster, 10.30 a.m. and 2.30 p.m. Mrs. Creighton, President.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## GREAT NEED OF NURSES IN THE POOR LAW.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I note you have several times drawn attention to the fact that whilst swarming into military hospitals and wards, the "ardent patriot" type of nurse appears to have no inclination to care for the sick either in Poor Law infirmaries, or in the district, that the sufferings of poor women and children, often dear to our soldier men, are quite a negligible quantity. This is the nastiest feature in the whole question, and is somewhat disgusting to the average hardworking nurse. Take this case: In this crude neighbourhood we have only workhouse wards for our indigent sick people; the Matron is young and inexperienced (the wife of the master, of course); the doctor a hard-worked man not overburdened with sympathy for the poor. Some of the wards are outlying, dark and lonely places, where very little sunshine from either Heaven or earth penetrates. The old and lonely, and those suffering the slow pangs of death inch by inch pass here days and nights with very little attention. Most of the women in the district should know of this state of things, and should do something to compel the Local Government Board to effect changes and reforms, but apparently these ladies, old and young, neither know nor care. Can you wonder that we infirmiry drudges have small faith in their protestations of patriotism now that they are all agog, dressed in our uniform, or rushing hither and thither after the "Tommies," many of them far better in health than the dying wrecks we have to attend. Recently one poor man died in the night of hæmorrhage; half his neck was eaten away with malignant disease, and he had never received a visit, a flower, or a gift from any outside "angel of mercy" for the year I have been here on duty. When I saw the pool of blood on the floor in the morning I tell you I felt like exposing all this emotionalism. Surely in passing, that poor soul must have realised all the colossal human vanity that goes to make the "patriotic" nurse. I do implore genuinely sympathetic women to look into this workhouse nursing question, and come and help.

Yours truly,

A FOLLOWER OF AGNES JONES.

## NURSES' BED.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

MADAM,—I beg to appeal to all nurses—trained, untrained, or in training, married or single, on

duty or retired, male or female—to send a donation for a bed to be named "Nurses' Bed" for the Women's Hospital in Serbia.

£50 is the sum necessary to name and maintain a bed for one year, so while many of our nurses are away on active service doing their "bit," let us consider it our privilege heartily and willingly to contribute any sum from 1s. upwards, kindly adding 1d. for acknowledgment of same at once, and for notice when sum wanted is realised.

Please, each nurse, help by making it known to other nurses, and let us have the bed quickly, as beds are most urgently required.

The total amount when collected will be sent to the Hon. Treasurer of the S.W.H., Mrs. Laurie, Red House.

Any donations will be most gratefully received by me.

I am, &c.,

(Miss) KNON CRAWFORD (Nurse).

13. Grange Terrace, Edinburgh.

## PASSED BY ON THE OTHER SIDE.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—How very discreditable to our cloth is the incident witnessed in Oxford Street and described by "D. C. Biggs" in your last issue. If the writer recognised their uniform, as I gather he did, surely it is his duty to report the matter to the head of the institution to which they belong. Such women are little needed in the nursing profession.

Yours,

ESTHER C. TRUEMAN.

London.

We once knew of a similar case, and called the nurse to account. Her reply was: "Such cases are nearly always shams, and involve one in police court proceedings." A thoroughly selfish reply.—ED.]

## FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps service in France can be interviewed by arrangement with the Hon. Secretary, 60, Nevcrn Square, Earl's Court, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, September 24th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' general training. Experience in fever nursing and massage is an additional advantage.

## OUR PRIZE COMPETITIONS.

September 25th.—How would you allay irritation of the skin caused by iodine, mustard plaster, and soap and water enema?

October 2nd.—Tell what you know of new hospital treatments.

October 9th.—What is preventive nursing, and how can it be employed for the good of the community?

# The Midwife.

## THE CARE OF THE HEALTH OF THE CHILD.

At the recent Annual Congress of the Incorporated Sanitary Association of Scotland held recently in Glasgow, prominence was given to the important national question of the care of the health of the child. As reported in the *British Medical Journal*, Dr. A. Campbell Munro, County Medical Officer, Renfrewshire, divided his address into four parts—the prenatal care of the child, care in infancy, in the period between infancy and school age, and during school age. He hoped that in the coming years there would be a compensatory increase in the birth-rate to make up for the wastage of the most virile manhood of the nation in the war. It was satisfactory that notification of births was now compulsory, and he should like to see a roll—not of honour—of the local authorities in Scotland who had not adopted the system voluntarily. But even this compulsory notification did not lead far, and it was essential that official health visitors should be appointed, and provision for this was contained in the Notification of Births (Extension) Act. It ought to be made penal to sell or buy long-tube feeding bottles. There was also a wide sphere of usefulness for voluntary infant health visitors' associations, and between these and the local authority and its officials there should be the most intimate touch. There should be infant consultations and consultations for expectant and nursing mothers, prematernity homes, and post-natal homes. Child welfare committees would be a better name than infant health associations. There was great need for the passing of a Midwives (Scotland) Bill, and when the Act was in existence the Medical Officer of Health should be the "supervising medical officer" over the practising midwives. Maternity benefit, under the National Insurance Act, required revision; the money should be payable only on the certificate of the medical adviser to the Insurance Committee that the mother had received proper attention in connexion with her confinement. Dr. Campbell Munro moved that the Congress should resolve that measles and whooping-cough be made compulsorily notifiable; but the motion was lost on a vote being taken.

Dr. J. W. Ballantyne, of Edinburgh, spoke specially on the prenatal care of the infant. He said he would not go back beyond the marriage of the parents, being content to leave to the eugenicists the directing and perfecting of matrimony among the "fit." He recommended, however, that newly married couples should make an immediate choice of their medical attendant, and not wait till the emergency conditions of a threatened miscarriage sent them

to the nearest practitioner. He recommended, also, that the wife should put herself under medical supervision and care as soon as she suspected herself to be with child; to wait until the pains of labour were upon her was certainly the very reverse of prenatal prevision. Medical men and women should likewise be ready to accept the responsibility for the care and supervision of the expectant mother during the whole time of her expectancy, and be ready to treat any of the complications of pregnancy which might arise, and so save many infantile lives. In all large towns prematernity homes for unmarried girls and rest-homes for married women should be provided where pregnancies could be watched over medically and where tired women could rest in the later weeks of their term of expectancy. Financial aid should be forthcoming in the four weeks preceding labour as well as in the month following it, as was being done in France. If this aid were given, it would send women earlier to their doctors, and it might, along with the discovery of a reliable blood test for pregnancy, bring the notification of pregnancy within reach. Prematernity wards, prenatal nurses (to visit and advise expectant mothers among the poor), and antenatal clinics and consultations at maternity hospitals, were other most desirable things, and should not be outside the range of authorities in large cities. He instanced a case of a woman who gave way to drink in the last month of her pregnancies who had recently been under his care in the prematernity ward of the Edinburgh Royal Maternity Hospital, and had been preserved from temptation during her critical month, had been safely delivered of a healthy child, and had been sent safely home again.

### MIDWIVES BILL FOR SCOTLAND DEMANDED.

Dr. Ballantyne concluded by seconding a motion made by Dr. Campbell Munro, "That in the opinion of this Congress it is important that the Midwives (Scotland) Bill should be passed into law without delay." The motion was put to the meeting and carried unanimously.

### NOT BEFORE TIME.

A great campaign to call public attention to the urgent necessity for safeguarding infant life in this country will be undertaken in the autumn by the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy. A meeting will be held in support of the movement on October 26th, at the Mansion House, E.C.

An anonymous donor has given £5,000 to establish a maternity department at Cardiff Infirmary.

# THE BRITISH JOURNAL OF NURSING

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EDITED BY MRS BEDFORD FENWICK

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## EDITORIAL.

### HONOUR BRIGHT!

Honour is the word that is emblazoned on the escutcheon of the nation. Never in its history has it stood forth in such shining letters as it does to-day. For the fair honour of their country, in deeds of splendid heroism, men and women have written it anew in letters of blood and agony which will stand indelible through the future ages of its history. No sacrifice has been deemed too great to sustain it. Time, money, ease, the best beloved, life itself, have been offered with both hands and with magnificent generosity. Already we are moved to the heart by the spectacle in our streets of young men in their prime maimed for life. The tears are in our eyes; in theirs, the sublime consciousness of duty nobly done. They hold their heads high, grudging not at all. Was it not for honour's sake?

The now well-known picture of "The Great Sacrifice" but represents thousands of gallant young lives laid down. They have obtained instead a long life "crowned with glory and honour." The sublimity of it all!

Along with the strong appeal it makes to us, we feel discontented and conscious of our own littleness; every fit man worthy of the name is in khaki or otherwise serving his country. Thousands of women are bringing all their powers to the service of the State. Thousands more are envying them their opportunity and asking like the little middy on the torpedoed boat "What can I do, Sir?" Well, after all, for many it must be "Business as usual," and it is with "Nursing as usual" that we are most concerned. Civilians are still grievously sick. The dying cannot postpone that tremendous ordeal till after the war. The Home Defence must be kept. Honour from within must be cherished. Instead of

grudging our sisters and brothers their opportunities, let us see to it that we make the most of our own by faithful service.

From some cause or another, honour has come to be considered an almost exclusively male attribute, and it is to be regretted that many women are content that it should be so.

As the individual is, so is the nation, and if we can play no great part in the making of present history, we can at least make the contribution that is in the reach of all—to keep our personal honour intact. Call it by what other name you will, honesty, integrity, truth, uprightness—and then let us measure our standards against it. Many nurses in their eagerness to go "to the front" have broken their business contracts, others have done so abroad. It was within the past few weeks that we heard of a duly qualified nurse who applied for a post near London, from away up in the North. The authorities agreed to pay her fare on the taking up of her appointment. Within four days she obtained another appointment and sent in her resignation. Such conduct, we hope, is confined to a small minority, yet it is by no means an isolated occurrence.

An overcharged cab-fare, a petty trickery in expenses (perhaps towards those who can ill afford it), small and contemptible as it is in itself, stains irreparably the character. A great preacher once commenting on such actions said in tones that gripped. "Yes, you've gained tuppence, but you've lost your honour."

A high working standard of personal honour is an essential part of a nurse's character. In no other profession is the lack of it more apparent, or its consequences more disastrous.

The mean soul will never achieve true greatness, and honour once tarnished is difficult of restoration, and colours all that is said or done. Once we are satisfied with



anything less than the highest, our morality will be always on the downward grade. Before the war it was being said that the English nation was decadent. Men, with their blood, have wiped out this reproach. Every individual, man, woman and child should by high ideals—which can only be attained by the sacrifice of greed and selfishness—help to retain that which has been so dearly bought.

## THE TREATMENT OF SEPTIC WOUNDS BY THE ELECTROLYTIC BATH.

Dr. Frank Fowler, Medical Officer in Charge of Electrical Department, Royal Victoria and West Hants Hospital, Bournemouth, writes in the *British Medical Journal*:—

There has lately been much discussion of the possibility of sterilizing wounds by antiseptic lotions. A weak solution will not kill the septic organisms, and a strong solution will kill those it can reach, but produces a slough, which provides excellent culture material for those deeper in the tissues. The question asked was: "How can we attack those germs which remain in the tissues?" Bacteriologists have had some success in this direction with vaccines and serums, utilizing and fortifying the natural resistance of the body to the infection.

It did not occur to anyone to ask—How can these germs be induced to leave the deep parts? The idea that a Pied Piper should arise to call them from their fastnesses to be destroyed seems fantastic; yet it appears that this is not only possible, but in many cases easy. The credit for the discovery belongs to Dr. Charles Russ, who found that nearly all germs are carried towards the positive pole of an electric current passing through a solution of sodium chloride, and that the small current required is lethal to the bacteria without the need for any aid from the ionization of various drugs, such as the salts of zinc and copper, which have been much used for the purpose of introducing an antiseptic into the cells.

The practical results of treatment seem to support Dr. Russ's observations. I have been much impressed by the success obtained in every case that I have treated. I will only describe one, a perforating gunshot wound of the foot, with a crater on the dorsum leading to a tunnel through which the little finger could be passed, and which opened on the sole of the foot. The whole wound was swelling with pus, and it seemed doubtful whether the man's leg could be saved; five days later granulation

tissue was level with the skin at both wounds, which were surrounded by a healthy looking ring of new skin.

The action of the current is not confined to carrying bacteria from the wound, but also stimulates the formation of granulation tissue and epithelial growth.

The treatment opens up a wide field for further research in the treatment of many intractable conditions. Dr. Russ reports some cases of chronic cystitis in which it has produced very satisfactory results.

### *Apparatus.*

The only apparatus required is a battery of 20 to 30 dry cells with a current collector and a good milliamperemeter reading to 25 m.a. with a shunt to 250 m.a.

*Baths.*—A Schneé four-celled bath is very convenient, but any vessel will do if it is long enough to immerse the forearm and hand, or deep enough to cover a wound of the foot or leg; wounds of the other parts can have a local bath applied, such as a glass cylinder made water-tight with plasticine, as suggested by Dr. Russ, and filled with a warm saline solution.

*Electrodes.*—Two electrodes are necessary—the carbon of a Leclanché cell serves admirably, or they can be cut from sheet zinc. One is immersed in the bath with the wounded limb, and this must be connected with the positive pole of the battery, marked +. The negative pole has to be connected to some (indifferent) part of the body, either in another bath, or the electrode may be placed under the back of the patient, separated from the skin by sixteen thicknesses of lint soaked in warm salt solution—this pad should be 12 in. square, and must be well washed after use to remove any trace of caustic soda produced by the current.

### *Method of Treatment.*

The wounded limb being placed in the bath and covered with warm normal saline solution, the negative pole connected to some other part of the body, the current should be slowly turned on from zero until the meter registers 20 to 30 milliamperes. This current, which the patient will barely feel, is sufficient for an average bullet wound; for larger wounds the current must be increased proportionately. The patient must be warned not to take the limb out of the bath until the current is quite turned off, or he will get a shock; for the same reason the turning off of the current at the close of the treatment must be gradual.

Treatment should be given daily, for half an hour on each occasion.

## OUR PRIZE COMPETITION.

## HOW WOULD YOU ALLAY IRRITATION OF THE SKIN CAUSED BY IODINE, MUSTARD PLASTER, AND SOAP AND WATER ENEMA?

We have pleasure in awarding the prize this week to Miss Amy Phipps, Hôpital Militaire, Arc-en-Barrois, France.

## PRIZE PAPER.

The appearance of a skin eruption as the result of continued use of a certain drug may result from an adulterated preparation of the remedial agent, or, as is probably more commonly the case, the patient's idiosyncrasy respecting the particular drug.

1. *Iodine Rash*.—This may result from the liberation of free iodine from one of the iodide mixtures used internally. Or, again, it may result from the free application of iodine to an open wound, or when used as a vaginal douche. There are usually general as well as local symptoms, the former including headache, impaired vision, watering of eyes, discharging nose, and sore gums; there may be digestive disturbances and nervous depression also. The rash usually consists of raised pustules, the skin being markedly red between; they usually are sore and painful rather than marked by irritation. When arising in connection with a wound they usually appear round the immediate area of the same. These symptoms would, of course, be brought to the doctor's notice, who would probably withdraw the treatment and prescribe a remedial agent for the rash. For this, drugs such as arsenic, &c., are sometimes used, aperients are freely given, and some local application made. For the latter, the pustules are sometimes pricked with a sterile needle, and the part bathed and fomented; a simple ointment is sometimes useful, a dusting powder or wet compress frequently renewed. For the latter, sodium chloride in solution has in some cases had highly successful results, both in allaying any irritation and effecting a cure; but, of course, every case needs to be treated individually. General symptoms would be treated as they arise, but, once the drug is stopped, the symptoms rarely persist.

2. *Mustard-plaster Rash*.—If the plaster is watched, it will be removed before any urgent signs of irritation have appeared. However, on sensitive skins in a very short time a red rash or even blisters will appear. The latter will be pricked, and the whole covered with a piece of lint, spread with vaseline, boric ointment, or olive oil. The condition usually responds to treatment very rapidly; in a few cases a septic condition results, but this can

always be avoided if due care is taken. Probably some other form of counter-irritant will be prescribed where such is necessary.

3. *Enema Rash*.—This sometimes occurs as a result of rapidly repeated enemata, or even more commonly some alkaline soaps. It is usually visible round about the anus, though it sometimes affects the whole body surface, and is in small red and slightly raised spots. For this reason, and for the fact that the bowel is apt to become distended, rendering peristalsis sluggish, repeated enemata should only be given under medical direction; also care should be taken that the bulk of the enema is not retained to any extent; a drachm or two of turpentine added to the emulsion usually prevents this. The condition may be prevented, or certainly rendered less potent, by the use of a good Castile or sterile soft soap, and the addition of a little olive oil and salt to the enema. Locally, the affected areas may be swabbed with lotio calamine, and powdered with boracic or zinc and starch powder, or zinc or boric ointment may be applied. Where the treatment by enemata cannot be stopped, plain water, containing glycerine, or warm glycerine, olive oil, or castor oil may be used as a substitute for soap. The utmost cleanliness should be always observed in administration.

## HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. M. Farthing and Miss A. Harding.

Mrs. Farthing writes:—Should there be pain and irritation in the rectum and around the anus after treatment by enema, I have been directed by the doctor to use barley water as an injection, which I have found soothing.

Miss Harding remarks:—Curd soap should be used for enemata where irritation may be expected, as soaps containing an excess of soda may cause a rash.

## QUESTION FOR NEXT WEEK.

Tell what you know of any new hospital treatment.

THE FIGHTING OF TYPHUS FEVER IN SERBIA.—Among the many victories which medicine has gained during the present war not the least is the clearing of Serbia from typhus fever, says the *Lancet*. An Exchange telegram published by the New York United Press briefly recounts an interview with Dr. Richard P. Strong, professor of tropical diseases, Harvard University, and head of the American Mission, in which he states that the number of deaths have been about 100,000.

## WHAT CAN NURSES DO TO PREVENT BLINDNESS?

Dr. Ellice M. Alger, of New York, has an arresting article in the *Modern Hospital* on the above question. He writes in part:—"The last fifty years have seen such an enormous increase in medical knowledge that even physicians are not able to keep abreast of the whole field, and we have seen the consequent development of specialties and sub-specialties. But we have made comparatively little progress toward realising Pasteur's dream of abolishing all contagious diseases from the earth.

Public education is the only sure foundation for public health. The patent medicine man, sordid and mercenary as were his motives, was the first to appreciate popular interest, and he really started the public health movement by the frank talks in his advertising. In the days when a reputable physician would have been ostracised professionally for addressing a mothers' meeting, the patent medicine man was teaching his dupes that they had "organs" and "weaknesses," and while it has made them, perhaps, morbidly sensitive, it at last created a wide demand for honest and disinterested advice.

This has been true of diseases of the eye just as much as of tuberculosis and cancer.

A National Committee on Prevention of Blindness now exists in America, and Dr. Alger writes:—

"It includes physicians, of course, but it aims to include also all who are interested directly or indirectly in the conservation of vision, men and women, physicians and laymen, employers and employees. Among those who, by training and purpose in life, are prepared to understand and aid in this great popular campaign, none stands higher than the trained nurse, while perhaps the most important part of the whole work deals with the period of infancy and children.

"We are coming to recognise more and more

the right of the child to be well born. This is a truism as applied to epilepsy and idiocy, and yet few are aware perhaps what an important factor heredity is in diseases of the eye. In such conditions as congenital cataract, retinitis pigmentosa, night blindness, and albinism, the element of heredity is so well marked that there is a tremendous probability that the children of an affected parent will be blind or practically blind. The element of consanguinity of parents is also a very important one, because it offers a double chance of the child's inheriting any family peculiarity. One does not realise how frequent

these conditions are except in an institution for the blind, where are collected, as in an eddy, this hereditary flotsam, children lacking one or both eyes, or some part of an eye; children with microphthalmus, or macrophthalmus, and all sorts of hideous congenital defects. To a less extent we are now beginning to trace the element of heredity in such conditions as colour blindness, glaucoma, ordinary senile cataract, and progressive myopia. Extreme deformities in the shape of hyperopia and astigmatism appear in many instances to be congenital. There seems to be no question that a man or woman with such diseases as retinitis pigmentosa or congenital cataract should not marry, or at least not have children, because the probability of transmission is so strong and the disability is so great.

"Then there are certain diseases which, through heredity, are very prone to involve and frequently ruin the eye, notably, syphilis. Indeed, before the day of complement fixation, the interstitial inflammation of the cornea was one of the triad of diagnostic symptoms of hereditary syphilis.

"Many think the trained nurse is destined to take a far more prominent place in the obstetrics of the future—whether as the assistant or the competitor of the physician is in the lap of the gods. In any case, she must know about ophthalmia neonatorum. Credé showed that a drop of 2 per cent. nitrate of silver instilled into the



THIS TRAGIC LITTLE GIRL WAS BORN WITH NORMAL EYES. THE MIDWIFE DID NOT USE PROPHYLACTIC DROPS. SHE PAYS THE PRICE OF LIFE-LONG BLINDNESS FOR THIS NEGLECT.

eyes of the new-born baby would practically abolish ophthalmia neonatorum. It practically never occurs to-day in the large hospitals, and yet from the neglect of the family physician or the midwife a steady stream of blind children, in numbers practically undiminished trickles into our institutions for the blind. Ten per cent of the nation's blind might have been saved by this perfectly simple procedure."

Dr. Alger considers that it is only half true that ophthalmia neonatorum is essentially a gonorrhoeal infection. He thinks the gonococcus is only one of a number of germs which may cause ophthalmia, and that this venereal theory has been a great obstacle to universal prophylaxis. . . . The gonococcus theory also leads to serious errors in treatment of the disease. Physicians and nurses are afraid of it. It is denied admission into the hospitals, while the persistent idea that the disease is a desperate one calling for radical treatment so affects our ideas that he believes that almost as many eyes are lost or damaged by over-treatment as by neglect.

"Personally," continues Dr. Alger, "I am very sceptical of our ability to accomplish much of real value by passing laws, but I believe that through the trained nurse and the various child welfare organisations we can make prophylaxis as much of a tradition as the babies' first bath. When that time comes we shall not have to worry about compulsory reporting or institutional treatment.

"The trained nurse is destined to become more

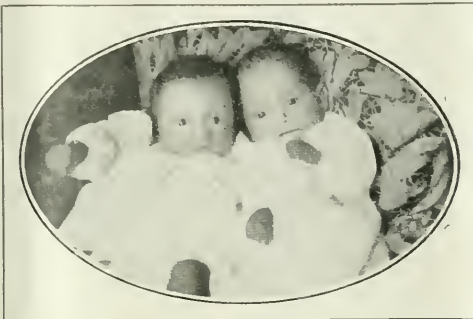
and more the guardian of childhood. In wealthy families the entire care of young children is often entrusted to her. In a more public capacity the

school teacher is already dividing her responsibility with the school nurse, while the social service nurse is rapidly becoming the family adviser and familiar friend of whole neighbourhoods.

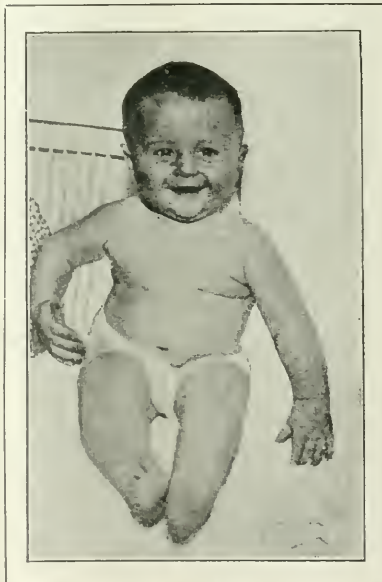
"We want to lay new responsibilities on the nurse. We want her to know the danger to the eyes of infections like trachoma, and how they are spread by unsanitary social appliances like the

common towel. We want her to realise the tremendous handicap placed on a whole life by some of the supposed trivial eye infections that so often follow the diseases of childhood and result in permanent scars and defects of sight. She must know how to distinguish the trivial from the serious, many of them she must treat day after day under the occasional supervision of the physician. We want the nurse to be aware of the fact, too little appreciated even by physicians, that the child who cannot see well or whose efforts to see result only in eye-strain and headache cannot be efficient either in school or in after life. She must learn to recognise these defects and use her influence to have them relieved.

"There are several other phases on which I should like to touch if space permitted. Whether in the sick-room, as midwife, as teacher, as social worker, the trained nurse has a tremendous opportunity for social service, for popular education in all that makes for health and efficiency. We want her to help us



THESE BABIES HAD SORE EYES, BUT THEIR SIGHT WAS SAVED THROUGH PROMPT AND VIGOROUS TREATMENT.



THIS BABY HAD SORE EYES WHEN IT WAS TAKEN IN HAND BY THE VISITING NURSE. ITS SIGHT WAS SAVED BY PROMPT MEDICAL AND NURSING CARE.



create a demand for everything that makes for better care of the eyes, and that every nurse amongst other things may have a knowledge of the ordinary procedures in ophthalmic nursing. Public school nursing and social service nursing are becoming just as important as surgical nursing, and in them a knowledge acquired in the dispensary is much more useful than the technic acquired in the ward or the operating room.

"And finally, there are in every community a few blind children. Sometimes they are grossly neglected, and sometimes treated like pet animals rather than human beings. Many of these children who are *born* blind have mental defects which have wrongfully been ascribed to their blindness. They must not be allowed to be a drag on the rest nor to make the condition of blindness seem more hopeless than it is. We want the nurse to know how much can be done for the normal blind children, how much better they do when trained with more fortunate children instead of being segregated. We want the nurse to realise and to make clear to her protégés that the blind child gets his greatest happiness and advancement not in having things done for him but in doing for himself. Blessed was the inspiration that crystallised the treatment of blindness into one crisp phrase, '*Light Through Work.*'"

## "SOMEWHERE IN FRANCE."

### BLESSED JOAN THE MAID.

"We'll set thy statue in some holy place  
And have thee revered like a blessed saint.  
Employ thee, then, sweet virgin, for our good."

—*I. Henry VI, Act iii, Scene 3.*

As one passes around the Madeleine one realises that this is no longer the Paris of one's youth—nor, indeed, of one's middle age—but something much more thrilling and sombre. In our youth Eugénie was still the idol of the Parisians, as, seated in her gilded coach, exquisitely gowned in pale blue silk, a blue aëroplane bonnet on her golden curls, she was driven with the utmost pomp from the now vanished Tuileries, along the scented Champs Elysées. A short-lived, spurious glory, antecedent to the awakening of the soul of France and the beatification of Blessed Joan the Maid, since which time all France has beheld visions and heard voices, as did La Pucelle de Dieu "at midday in the summer in my father's garden." Voices which have bidden it emulate in its daily life "her sweet and simple piety, her dauntless energy, her matchless bravery." Who, indeed, can think of war in France and not seek inspiration from the blessed Maid, and as we are in her own land, on her soldiers'

business—it is meet we should ask her blessing on the work.

Paris has always been associated in our mind with buoyant spring days—the steps of the Madeleine with baskets of pale lilac, subtly scented lilies and southern flowers. Now, alas! it is no longer spring, but fleeing summer, and of sweet and delectable blossoms there are none.

So we go empty-handed into the shadow of the great church, where, since we passed this way, has been placed that lovely marble statue of Joan of Arc.

Beside it we stand and listen quite a while.

The figure is very simple and aspiring. Clad in a complete suit of armour, grasping and uplifting the Flag of France, starred with the fleur-de-lis. On the base is inscribed:—

À LA BIEN HEUREUSE

JEANNE D'ARC,

*Liberatrice de la France.*

The sweet heroic face is illuminated in this dim place by the candles of the faithful—a face so young, so pale, so dominant, and yet exquisitely pitiful.

Bowed figures, draped in black, are silently praying at her feet. They are yet too broken-hearted to look up and gather comfort from her face. Yet each grief-stricken woman will no doubt play an heroic part. To die for France, by fire or sword, where is greater glory? But this death in life—

Here the kindly Father who has published for our edification *Life Lessons* from Blessed Joan of Arc is heard through the spirit. "Let us, then," he says, "copy into our own lives her sweet and simple piety, her stainless purity, her dauntless energy, and her matchless bravery. Like hers, let our zeal never flag, our loyalty never change, our chivalry never falter. . . .

O pure and noble heroine, may the thought of thy great and gracious character infuse into us thy spirit, stir us with thy zeal, and feed us with thy fire! O chivalrous Maid, may the contemplation of thy splendid personality strengthen us to hate what is wrong, to love what is right, and to fight for the best."

### COLLECT OF THE MASS OF BLESSED JOAN OF ARC.

O God, who didst raise up the Blessed Maiden Joan to defend faith and fatherland, grant to us, we beseech Thee, by her intercession, that Thy Church, overcoming the snares of the enemy, may rejoice in perpetual peace. Through Our Lord Jesus Christ. Amen.

E. G. F.

## NURSING AND THE WAR.

Mrs. Phillips, trained at St. Bartholomew's Hospital, has been appointed Chief Matron in Egypt for the British Red Cross Society. She has done invaluable work, and the success of the Saidieh Hospital at Cairo is largely due to her untiring energy and good organizing ability.

There are a few vacancies for fully-trained nurses at the American Women's beautiful War Hospital, at Paignton, South Devon, concerning which the Matron will give information. Many American nurses paid for by the American Red Cross have now been recalled, owing to the very great cost of keeping a medical and nursing staff in all the belligerent countries.

Miss Phillips, Sister of the Barnet Union Infirmary, has returned to her duties in that Institution after the six months' leave of absence granted her to go out and nurse in the recent outbreak of typhus in Serbia. Her return was welcomed by the staff and Guardians, the latter body expressing at the Board meeting on Thursday last their high appreciation of her enterprise. The Clerk of the Guardians announced that His Majesty's Inspector, Mr. C. F. Rowndell, who had occasion to visit the Union last week, sent to Sister Phillips a special message of approbation, saying he was "proud to have her in his district."

India, which was to demonstrate its disloyalty to the British Raj as soon as war was declared, according to German anticipations—appears to be taking its part, not only in the defence of the Empire, but in its care of sick and wounded. From the Report of the St. George's Hospital Nursing Association, we learn that as many nurses in the employment of the Association wished to volunteer for service with the troops the committee permitted as many as could be spared to do so. At present five are serving at Alexandria, four are engaged on the hospital ship *Madras*, and one as Night Superintendent of the hospital ship *Loyalty*.

We have received the following letter and made enquiry into the case:—

"DEAR MADAM,—When in Red Cross Hospital I often read your excellent journal, and noticed what persistent efforts you have made that us common soldiers (the cream.—Ed.) should have the best of nursing. I thank you for it. May I bring my own case to your notice—not that any good can be done for me now, but it may help other poor chaps. During some time wardened in a Red Cross Hospital—where intentions were of the best—I was attended by a young woman untrained. She took on herself to dress my hand which had been injured, and which at the operation had been packed with strips of lint. These strips she took out with her fingers, leaving a gaping wound; washed the dirty stuff at a cold water tap, and

put it back again. From that time my hand began going bad, and now I have lost two centre fingers, which the surgeon had hoped to save. From what I now know of infectious wounds, I believe this young lady is to blame as no precautions were taken by her. I do think only thoroughly trained nurses should dress our wounds, and know you will sympathise with my loss."

Our soldiers have run such risks in many hospitals during this war. We sympathise indeed with this injured man, and agree with him that "only trained nurses should dress our wounds" in the absence of the surgeon. The ladies' papers continue to present, week by week, the portraits of young aristocrats and others engaged in nursing our sick and wounded men. In our opinion tampering with the wounds of our soldiers by these ignorant girls should be made a *legal offence*. Nothing else is likely to influence their colossal vanity.

The King and Queen visited the sick and wounded officers at Dover House Hospital, Rochester, and the sick and wounded soldiers at Gifford House Convalescent Hospital, Rochester, on the 16th inst. Their Majesties were greatly pleased with both institutions.

The Army Council hope to announce shortly the formation of a central organisation to co-ordinate the work of committees providing comforts and luxuries for the troops. It advises workers to set to work to on mufflers and mittens.

## NURSES' MISSIONARY LEAGUE.

The Valedictory Meetings of the Nurses' Missionary League to wish God-speed to members who sail for the Mission Field this year, will be held as usual at University Hall, Gordon Square, W.C., on Friday, October 1st, for which an interesting programme has been arranged under the heading: "Adventure for God: Individual, National, Missionary." There will be morning, and evening sessions, and a conversation in the afternoon, at which Miss E. E. Overton, and Professor Carless, M.S., F.R.C.S., will preside respectively. The hostesses in the afternoon include, Mrs. E. N. Sharpe, Mrs. A. G. Woodhouse, Miss Heather-Bigg, Matron Charing Cross Hospital, and Miss Plumtre. The addresses will include "The Challenge of the Present Day to a Great Adventure," by the Rev. D. C. Woodhouse, B.D.; "A Vision of the World's Need," by Mrs. Weir (St. Bartholomew's Hospital and Korea); "The Adventure in the Nurses' Missionary Field," Miss Richardson; "The Opportunities of a Nurse in the Mission Field," Mr. J. Howard Cook, M.S., F.R.C.S. (Uganda); "Moving Mountains," by the Rev. Richard Roberts, M.A. The "Sailing Members" will speak. The meeting affords special opportunity for meeting nurses interested in mission work.

## A PILGRIMAGE IN THE WAR ZONE.

At this time of national stress, a religious pilgrimage must of necessity bear a singular import.

In this little village in France, in the Argonne district, the annual pilgrimage to M—, a distance of four kilometres, took place as usual on September 8th, the special intention, quite naturally, being the cause of the Allies and the recovery of our wounded.

Several of the night Sisters from this hospital in A— started off at 9 a.m. to take part in this great war intercession.

Our route carried us through exquisite scenery, along a winding path, a gradual ascent, and surrounded by densely wooded sweeping slopes, a great arc of blue sky above, and all lighted by brilliant sunshine.

On and on and up and up the path wound, until we suddenly entered a beautiful copse, in the midst of which was the "Chapelle de Notre Dame," and the shrine and spring in which these people have such strong faith. The chapel is bounded on three sides by lighted candles, the offering of the people.

There must have been between three and four hundred pilgrims, most of whom had come fasting from food, and on all faces there was visible the evidence of a fixed and serious purpose. No holiday outing was this, but a journey to gain great things for their brave men and their beloved country. Surely great things must be effected through the medium of their strong faith.

Within the grotto erected to "Our Lady" is the well, the water of which is said to possess miraculous powers. Here many were filling bottles to take away. One of our hospital Sisters doing the same, remarked to an old lady that "it was for the 'blessés' (wounded)." To the embarrassment of the Sister, she was immediately the subject of a tearful but grateful embrace.

The confidence in and devotion for the English Sisters is beyond words, as was again evidenced

by the pleasure with which our presence amongst them at M— was received.

We went in to see the beautiful little chapel, which is scarcely more than 1,500 or 1,600 cubic feet in size.

Suddenly the bell rang. The great intercession was about to commence.

The priest said Mass in the chapel, the congregation took part immediately outside the door. There was no crush, everyone stood or knelt quietly. The "Gloria in Excelsis" is simply but impressively rendered; the bell from the chapel rings; with one accord the people silently kneel, and then ascends to the God upon the altar and in heaven the tense supplicating cry "Agnus Dei, Agnus Dei, qui tollis peccata mundi, miserere nobis."

We are roused at this point by a booming in the distance, a horrible reminder of the reason of our presence in France. Some hear, evidently, but the sound only appears to add intensity to the "O Salutaris" which follows. The "Ave Maria" is rendered, the people kneel to receive the blessing. One is almost loth to move from that scene of sure faith and hope. One tiny child watches anxiously to see whether the Sisters' white aprons are soiled by the grass.

And now the material side comes to the fore. The people sit on the grass in groups under the canopy of trees in the glorious sunshine



NOTRE DAME DE MONTROT, CHAPELLE ET GROSSE.

and open packets of luncheon.

Unfortunately we had to come away at this juncture to rest for our night's work, although we were loth to leave.

The whole scene must long remain in our memory, and also the realisation of the comfort these brave women of France derive from their holy faith. Well may we also share in their prayer "Dieu protège la France." A. P.

Mrs. Laurie, hon. treasurer, Scottish Women's Hospital, has received a further instalment of £500 from the golfers of Great Britain and the colonies to the "Madge Neill-Fraser" Hospital at Mladanovatz, Serbia. The total now amounts to £2,500.

## FRENCH FLAG NURSING CORPS.

Miss E. Gregory has been selected to act as Directrice at the Talence Hospital, Bordeaux, in succession to Miss Haswell. Miss Gregory, who speaks French fluently, was trained and certificated at St. Bartholomew's Hospital in 1890. She has wide experience of administrative work in hospitals, having been Matron of the London Fever Hospital, and in recent years of an up-to-date surgical hospital in Paris. When war began Miss Gregory at once volunteered, and worked indefatigably through the typhoid epidemic in Bergues. Since she has been on the staff of the F.F.N.C. she has been on duty at Ambulance 15, Epernay, difficult work which she has managed well.

Sister Claudia Gaudin has been placed on duty at Epernay; and Sisters E. Watson, B. Ackroyd, L. Allen, G. E. Denson, and H. A. L. Winter, at Talence.

Dr. Helme, of Paris, has been officially appointed by the French War Office medical advisor to the French Flag Nursing Corps. Considering the diversity of their work, much of it of a pioneer nature from a sanitary standpoint, the Sisters have maintained a high standard of health, but some have been invalidated with enteric, scarlet fever, diphtheria, and measles, having fearlessly performed duty in many contagious hospitals. Operations in two instances have also been necessary. It is therefore essential that the administrative officers of the Corps in Paris should be able to avail themselves of expert medical opinion upon occasion, and Dr. Helme, who has consented to act, is a most kind and sympathetic man.

The Hon. Treasurer has to thank several of the Sisters for interesting their friends in the work of the Corps. They have received many most useful gifts in kind, and cash to be spent on the patients. Mrs. Fenwick thanks Sisters Conway-Gordon, Willets, Macauley and Richards, Port-à-Binson; Sister Bale, Evreux; Sisters Lind and Hitchcock, Dunkerque; Sisters E. M. Smith and Holgate, and Miss Manby, Neufchateau; for cheques amounting to a very handsome sum.

Mrs. Crean, of Chester, has sent a gift of ten nice pillows, Miss MacLeod Moore a beautiful safety razor for the Sisters' use.

The Vicomtesse de la Panouse, the President of the Croix Rouge Française Comité de Londres, has sent a splendid consignment of things to the Sisters at Port-à-Binson, including ward utensils of all sorts, bed-rests, clothing, blankets, pillows, rugs, walking sticks, surgical dressings, to say nothing of 5,000 cigarettes, chocolate, cocoa, jam, biscuits, and a package for each Sister.

## JOINT WAR COMMITTEE.

## AT HOME.

The following Sisters have been deputed to duty in Home Hospitals:—

*V.A.D. Hospital, St. Laurence, S.W.*—Miss E. E. M. Parker.

*V.A.D. Hospital, Norlands, Sutton Road, Erdington.*—Miss F. Hall.

*Red Cross Hospital, Church Walls, Llandudno.*—Miss Olive Bryson.

*Auxiliary Military Hospital, Grove Road, Richmond.*—Miss M. G. Welsh.

*Gifford House, Roehampton.*—Mrs. C. E. Parker.

*Auxiliary Hospital, Holndene, Warwick Road, Leamington.*—Miss Dora McDonnell.

*Woodford Military Hospital, Highams, Woodford.*—Miss Nora Bowman.

*V.A.D. Hospital, Corsham, Wilts.*—Miss A. E. W. Smart.

*Newton Park, near Bristol.*—Miss A. E. Borham.

*Clayton V.A.D. Hospital.*—Miss M. F. Ely.

*V.A.D. Hospital, New Road, Burnham-on-Crouch, Essex.*—Miss E. L. Coombe.

*Military Hospital, Grove Road, Richmond.*—Miss B. E. Stokes, Miss W. C. P. Stokes.

*V.A.D. Hospital, Abbotswood, Stow-on-the-Wold.*—Mrs. Allchin.

*Dalston Hall Auxiliary Hospital, Cumberland.*—Miss M. K. Burton.

*Military Hospital, Grove Road, Richmond.*—Miss Madeline Klitz.

*Caerphilly Auxiliary Red Cross Hospital, Glam.*—Miss B. Barclay.

*Shorne Hill, Totton, Hants.*—Mrs. Graham Taylor.

*Hazlewood Red Cross Hospital, Ryde, I.W.*—Miss M. Johnson, Miss E. Vibart.

*Red Cross Hospital, Dunsdale, Westerham, Kent.*—Miss H. Goss.

*129, Marine Parade, Brighton.*—Miss K. F. Irwin.

*Wilderness Hospital, Seal, Sevenoaks.*—Miss im Thurn.

*Voluntary Hospital, Brankmere, Southsea.*—Miss L. Hogarth.

*Red Cross Hospital, Ashlawn, Rugby.*—Miss N. Burton.

*Langston Towers Relief Hospital, Havant.*—Miss L. Huggins.

## ABROAD.

The following Sisters have been deputed for duty abroad, and left on September 15th:—

*France.*—Miss M. A. Kent, Miss Harriette Clarke, Miss V. A. Heward, Miss H. L. Hill, Miss A. E. Thomas, Miss R. Warden, Miss A. Jenkins, Miss E. Law, Miss F. Green, Miss A. Davies, Mrs. Annie Thompson, Miss K. C. M. MacLennan.

The following Sisters are returning to their duty at the Baltic and Corn Exchange after leave:—Miss E. C. Westnutt, Miss A. Stead, Miss G. Ryder, Miss E. S. Hope, Miss M. B. Kennedy, Miss F. Watts, Miss F. Scales.

On Wednesday next six Sisters are leaving for Alexandria and two for Malta.



## CARE OF THE WOUNDED.

The Joint War Committee recently issued a full report of its various activities at home and abroad, and we learn that the Princess Christian Red Cross Hospital at Englefield Green, which was opened on September 11th, follows in the lines of general construction the Red Cross Hospital at Netley. The floor of each ward is extended eight feet beyond the front wall, so that, through doors in the centre, the beds can be wheeled out and, if desired, left there during fine weather under a covering of striped canvas stretched across to steel poles.

In order that all the patients shall equally share a beautiful view, the six pavilions, each containing twenty beds, are placed in a semi-circle facing the south.

Sir William Taylor, K.C.B., late Director General of the Army Medical Service, is Commandant for the hospital, and Miss Atkey has returned from Nairobi and has been appointed Matron by the War Office.

At King George Hospital, Stamford Street, all have had a busy time. Several members of the trained staff have gone on urgent service in the Near East, so forty members of the V.A.D. have gone into residence in the nursing home on whole-time service; forty others are to attend for half-day service. The Matron and Sisters have thus very serious responsibility as supervisors with upwards of 1,200 sick and wounded men to look after.

Queen Alexandra has given a second tripod telescope to enable the patients to enjoy the magnificent panorama of the Capital the roof affords. Let us hope that German prisoners, should there now be any in the hospital, will not be permitted on this coin of vantage!

Lady Wynne looks after the "joy rides," and every afternoon there is a concert indoors for those unable to enjoy the air.

A home at Hadley Wood, and Ardington House, Wantage, have been placed at the disposal of the Committee for the use of the nurses.

It is reported from France that 27 patients passed through the Nursing Sisters' Convalescent Home, Cornetot, and the average number in residence is 13.

The Welsh National Hospital at Netley has done much good work during the past year, and is now thoroughly established with its spacious wards, open corridors surrounded by shrubs, and bright country surroundings, and it was only fitting that Mrs. Lloyd George should pay it a visit. The hospital looked its best, and Colonel A. W. Sheen, the Commanding Officer, and the Matron, Miss E. G. Evans, were justly proud of it. The majority of the wounded had come from the Dardanelles, and found the endowed beds most comfortable, whether "Lloyd George,"

"Women's Suffrage," or "Welsh Dogs." The latter represents £250 collected by the dogs of Wales, and a photograph album of the dear doggies in their collecting costumes much interested the visitors. Gifts of cigarettes for the patients and flowers for the wards were greatly appreciated, and Mrs. Lloyd George expressed her great admiration of the hospital and the work it is doing.

The Royal Society for the Prevention of Cruelty to Animals is appealing for £20,000 with which to carry on, especially during the winter campaign, its work for sick and wounded horses. The society has erected complete veterinary hospitals for 2,500 horses, and is now building another A.V.C. hospital for 1,250 horses.

### AN APPEAL FOR SERBIA.

Dr. V. H. Rutherford has recently returned from a tour of inspection of the Wounded Allies Relief Committee's Hospitals in Serbia and Montenegro. Of the Committee's original hospital at Kragujevatz—now enlarged and constituted by the Serbian Government the Third Base Hospital, with 600 beds—Dr. Rutherford says: "It is a really wonderful improvisation of stables, composed of two long wards, each containing fifty beds, with one or two extra rooms used for stores, &c., the whole reflecting great credit upon Dr. Lauwens" (the Belgian doctor sent out with the advance guard of the Unit). He further states that "an operating theatre has been fitted up, and is well equipped with the surgical instruments which the Committee recently sent out. To make the W.A.R.C. Hospital the very best in Kragujevatz, if not in the whole of Serbia, I now recommend an X-ray apparatus." The Committee has decided to carry out this suggestion, and appeals to the public for donations towards the cost of the apparatus and of the radiographer. It must be remembered that in Kragujevatz—a town with a population of 50,000—there is only one Serbian civil practitioner, and that the amount of illness among civilians is still appalling.

### PRACTICAL POINTS.

We note that Sir Berkeley Moynihan has written to the *Lancet* to say he has for the last two-and-half years used green instead of white in his operating theatre, and finds it the greatest relief to the eyes. Walls, floors, sheets and towels are tinted of this restful shade. Nature knew what she was doing when she gave us tender green for leaf and lawn. It will be remembered the green sheet, shown by an operating Sister in Dublin, at the Nursing Exhibition, in 1913, aroused much interest. It was not dyed, but just a white sheet dipped in green colouring matter. Those who would like to know of the process should write to Miss Carson Rae, 34, St. Stephen's Green, Dublin, who helped to organize the very successful Nursing Exhibition in Dublin.

## APPOINTMENTS.

### MATRON.

**Woodlands Convalescent Home and Military Auxiliary Hospital, Rowdon, near Leeds.**—Miss Marjory Sutherland has been appointed Matron. She was trained at the Newport and Monmouthshire County Hospital, and has held the posts of Sister at that institution; Senior Sister, Manchester Royal Eye Hospital; Assistant Matron, Birmingham and Midland Institution; and Matron, Manchester Royal Eye Hospital.

**The Ochil Hills Sanatorium, Kinross-shire.**—Miss M. Hamilton has been appointed Matron. She was trained at the Dumfries and Galloway Royal Infirmary, and has been Sister at Kirkcaldy Cottage Hospital, and Chalmers Hospital, Edinburgh. She has also had charge of a Nursing Home in Edinburgh for some years.

**Tamworth Isolation Hospital.**—Miss E. Catton has been appointed Matron. She was trained at Ipswich, and has gained experience in several other posts.

### HOME SISTER.

**City Hospital, Newcastle-on-Tyne.**—Miss E. Mackenzie has been appointed Home Sister. She was trained at the Southwark Union Infirmary and has been Sister at Monsall Fever Hospital, and the Female Hospital, Sheffield, Night Superintendent at Belvidere Fever Hospital, Glasgow, and at the City Sanatorium, Yardley Road, Birmingham. She has also done good service in Serbia, where she had charge of a typhus fever hospital during the terrible epidemic.

### NIGHT SISTER.

**Leasowe Hospital for Crippled Children, Cheshire.**—Miss M. A. Meadows has been appointed Night Sister. She was trained at Chester Royal Infirmary, and has been Sister at Bradford Children's Hospital, and Matron at Parkgate Convalescent Home.

### SISTER.

**Bradford Royal Eye and Ear Hospital.**—Miss M. Clay has been appointed Sister. She was trained at the Manchester Royal Infirmary, where she acted as Holiday Sister.

**Royal Gwent Hospital, Newport, Mon.**—Miss Anne Bebb has been appointed Sister. She was trained at Erdington Infirmary, Birmingham, and has been Sister at the Infirmary, Leeds, and Holiday Sister at Warneford General Hospital, Leamington. Miss Bebb holds the certificate of the Central Midwives Board.

**Royal Infirmary, Perth.**—Miss Jenny C. Macfarlane has been appointed Sister. She was trained for four years at St. George's Hospital, London, where she has acted as temporary Sister.

## QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Nursing Sister been permitted to resign the service :—Miss F. M. Orchard (July 1st).

## QUEEN VICTORIA'S JUBILEE INSTITUTE.

Miss Elizabeth Allen is appointed to Bamber Bridge; Miss Jane Brazendale, to Ryde, Isle of Wight, as School Nurse and Health Visitor; Miss Elizabeth Butterworth, to Llantarnam and Cwmbran; Miss Elizabeth Currie, to Wakefield; Miss Dorothy Lowe, to South Elmsall; Miss Elizabeth Prior, to Welwyn; and Miss Julia Whalley, to South Elmsall.

### EXAMINATION FOR THE ROLL OF QUEEN'S NURSES.

1. Give a short account of the processes of digestion: how does this influence the diet in the case of an infant six months old?

2. Give an account of the ways in which Typhoid may be carried. What steps could be taken to prevent an epidemic?

3. What are the causes of infant mortality? In what way can a District Nurse co-operate with existing agencies, such as Maternity Centres, Schools for Mothers, and Babies' Welcomes, in reducing such mortality?

4. Describe the precautions necessary when attending a case of lacerated septic wound of the leg.

5. What arguments can you offer in favour of (a) Primary vaccination; (b) Re-vaccination?

6. What are the dangers of the common fly, and how does it carry disease? What are the best means of exterminating it, both in town and country?

### THE PASSING BELL.

We deeply regret to report the death of Mrs. Paston Brown, of Wimbledon, after an operation, for many years a Guardian and Chairman of the Kingston Infirmary Board. Mrs. Brown was the first lady elected to the Board, after the passing of the Parish Councils Act. She took a keen and intelligent interest in the training and education of the nurses, and was the greatest help to the two Matrons of the Infirmary, with whom she worked in perfect harmony. Mrs. Brown also took great interest in the general work of the guardians, and it was largely due to her efforts that pauper children were taken out of the workhouse and cared for in rural surroundings in scattered homes. She was also intimately associated with every good work in Wimbledon, and her death will be a great loss to the district.

### THE LIBERTY BODICE.

The Liberty Bodice Factory, Market Harborough, has invented a bodice that deserves to find favour with the disciples of free movement, unrestrained by corsets. It is scientifically designed and strapped in such a manner that the weight of the underclothes and the pull of the suspenders is borne by the shoulders. The material is porous, soft, strong and easily washed. These bodices are also made in all sizes for children, and allow them free expansion in their exercises and games. The prices are moderate. Children's from 1s. 3½d., women's from 3s. 1½d. A point not to be overlooked is that the factories are conducted on hygienic and humane principles.

## NURSING ECHOES.

It is reported that Miss E. Margaret Fox, for many years the Matron of the Prince of Wales' Hospital at Tottenham, has been appointed by Sir Henry Burdett the editor of his anti-registration organ, the *Nursing Mirror*. Until now, for upwards of a quarter of a century, this journal, purporting to be for the use of professional nurses, has been edited and controlled by laymen, whose policy has been to oppose by every means in their power the justifiable aspirations of the educated section of the nursing profession. Let us hope that its proprietors, having at last recognised the fact that a paper for nurses must be edited by

In the report of the Nightingale Fund—which, as we all know, is associated with St. Thomas's Hospital—the retirement of Mr. Henry Bonham-Carter from the office of Secretary is notified. This gentleman, who is now eighty-eight years of age, has filled the office for a term of fifty-three years, having been appointed in 1862, soon after the Fund was inaugurated, and a relative of Miss Nightingale, he was closely associated with her in her pioneer work for the Nightingale School for Nurses.

Mr. W. H. Bonham-Carter has been appointed by the Council of the Fund to succeed his father, and as this post is popularly supposed to be one of the most lucrative appoint-



Sister Mary Josepha,  
First Vice-President.

Sister Marie,  
Treasurer.

Mother Mary Richard,  
Second Vice-President.

OFFICERS OF THE CATHOLIC HOSPITAL ASSOCIATION.

a trained nurse, if it is not to rank as a quack publication, will cease its bitter and uncultured opposition to the educational progress and organization of the nursing profession, which has become a byword throughout the nursing world.

Miss Fox was trained at Guy's Hospital, which, unlike several large London hospitals, permits freedom of conscience and action to its nursing staff on professional affairs. In accepting the editorship of the journal in question, Miss Fox, who is a professional woman, accepts responsibility that justice shall be done to her professional colleagues, and we wish her the moral courage to demand it.

In the nursing world, we feel sure many "Nightingales" who have passed through the curriculum of training at St. Thomas's Hospital, and earned well-deserved credit in their profession elsewhere, will agree with us that the office might well have been given to one of these experts instead of to a man. There is no duty in connection with the office which a trained nurse administrator is not qualified to perform, and we regret that the Council of the Nightingale Fund has excluded its pupils from this bit of preferment. Women take note of these things nowadays. We have little further use for the customs of the sixties.

A series of lectures has been arranged by the Liverpool branch of the National Union of Trained Nurses, and the one recently given by Dr. Murray Cairns on Japan was much enjoyed by the members. Other lectures anticipated includes one by Miss Thurstan, central and organising secretary of the National Union of Trained Nurses. She will speak on the Red Cross work in Belgium and Russia.

*The Modern Hospital* records a very significant meeting which took place recently at Milwaukee, which it is quite right in describing as "marking a new era in the progress of the great and splendid group of Sisters' Hospitals," when 125 Catholic Sisters from nineteen States, chaplains, and medical officers met to inaugurate the Catholic Hospital Association.

One of the significant discussions brought up concerned the interior service in hospitals. The Sisters took part in the discussion, and one suggested that there ought to be provision made for the training of high-class male nurses, or orderlies, who could take the burden of much of the detail work of the interior, and relieve the nurses of a class of occupation that did not belong to them.

The Rev. Father Charles B. Moulinier, S.J., regent of Marquette University Medical School, Milwaukee, was elected President; Sister Mary Joseph, St. Mary's Hospital, Rochester, Vice-President; Mother Mary Richard, St. Francis' Hospital, Lacrosse, second Vice-President; and Sister Marie, of Misericordia Hospital, Milwaukee, Treasurer.

The first Sisters' hospital meeting was a great success; brilliant papers were read, and excellent discussions ensued. The portraits presented of the hon. officers show splendid types of women.

There is little doubt that the scarcity of nurses in Poor Law institutions is becoming acute. At Lambeth the Guardians, with only twenty instead of thirty nurses on duty, have recognised the increased responsibility of their staff, and have decided that the salaries of the head nurses should be increased by annual increments of £2 to a maximum of £40, and that the salaries of the staff nurses should be increased to a maximum of £35 per annum.

As a result of inquiries addressed to boards of guardians in all parts of England and Wales, the Clerk to the Bermondsey Guardians has been able to compile a statement based upon replies received from 270 parishes. While it

is true that in many instances no insuperable difficulty has arisen, it at once becomes obvious from an examination of the replies that in the majority of parishes the dearth of nurses constitutes a problem which it will require a great expenditure of ingenuity to solve. Over and over again the same tale is told of repeated advertisements failing to induce suitable candidates to apply for vacant positions, although in some parishes, as, for instance, Southampton, it has been the experience of the guardians that by raising the rate of remuneration by about 30 per cent. they have succeeded in obtaining a sufficiency of applicants. In other cases, as, for instance, at Bethnal Green, the difficulty has been overcome by reducing the number of sisters and employing sick attendants to nurse those patients who do not require active medical treatment. In many cases, of course, temporary help has had to be employed, but this is a very costly affair. These are only a few instances of the great difficulties that are being experienced all over the country.

The Matron and Nursing Staff of the Infirmary, Cleveland Street, W., are feeling very sad at the closing of this useful institution, in which many of them have done good, unselfish work for our very poor for many years. The probationers have already been transferred to Highgate Infirmary, and the other officers leave on September 30th. We are glad to hear that the Nurses' League is not to be disbanded, and, after a rest, we hope the talents of Miss Charlotte Leigh, the Matron, may be found full scope elsewhere. Nursing under the Local Government Board is not so popular that it can afford to lose devoted officials such as Miss Leigh has proved herself to be.

### NEW PHTHISIS PAVILION.

The formal opening of the new Pthsis Pavilion at the Isolation Hospital, Chadwell Heath, on Saturday afternoon, 18th inst., was the occasion of a very pleasant gathering. The guests were assembled in the verandah of the new block, where the ceremony took place. The chair was taken by Councillor G. Gunary, J.P., and other members of the Council addressed the meeting. A pleasing feature was the presentation to Miss Barling, the Matron, by her nursing staff, of a beautiful bouquet of yellow and white chrysanthemums tied with long streamers of white ribbon. The Matron, in a few well-chosen words, thanked them for their welcome and unexpected gift. In referring to the many complimentary remarks made



by members of the Council, she said that generally the heads of institutions got all the credit, but it was by the subordinates, if she might use the term, all doing their "bit" and working amicably together that success was attained.

Dr. Thres, the Medical Officer of Health, spoke in terms of high praise of Miss Barling and her staff. He said it would be impossible to have a better Matron, and the cases under her care did very well; indeed, he knew of no place where they did better. He announced that before long they would be building a large county sanatorium. The new block accommodates twelve male patients, and consists of small wards holding some one some two beds. These open by French windows on to the veranda, so that the beds can be easily wheeled out. The veranda and the wards are painted white, giving them a light, cheerful effect. The lockers are of white enamelled iron with glass tops. One portion of the corridor is fitted with locked numbered cupboards, of which each patient has his own key where his clothes and other possessions are kept. Every article in use by the patient, including his deck-chair, bears his own number. The feeding utensils are all boiled at least once a day. In the linen cupboard we noticed the precautions taken to keep the linen, &c., in use for this block distinct from that of the other part of the building. In the laundry great care is exercised to prevent the spread of infection from the various diseases nursed in this hospital. By the courtesy of the Matron we were enabled also to see the spacious wards allotted to the other various complaints.

The nurses' quarters give striking evidence of the care and thought by their Matron for their comfort. We consider the staff is to be congratulated for having the privilege of working under so able and considerate a chief.

A delightful tea was spread on little tables on the lawn, and the guests were most hospitably entertained by the nursing staff.

The staff consists of the Matron, assistant matron, four staff nurses, and twelve probationers. There is no resident medical officer, although the beds number a hundred. There is a well-trained band of volunteers for the fire brigade, and we were informed that on a recent occasion the equipment was in perfect order two and a half minutes after the whistle had sounded.

Miss Barling, the Matron, is a member of the Territorial Force Nursing Service, although she has not so far been called up.

II. II.

## THE WOMEN OF INDIA AND THE WAR.

A friend writes from India: "It is really wonderful the work the Indian women are doing on account of the war. I wish you could come out and see it for yourself. In the meantime you will gather from the report I send of the recent public meeting held in the Town Hall, Bombay, of the Women's Branch of the War and Relief Fund, to what heights of devotion to the Empire they have risen."

The Hall was packed, and crowds watched the coming of His Excellency Lord Willingdon, who read letters of apology, amongst them one from Her Highness the Begum of Bhopal, who stated that she was extremely disappointed to be unable to attend the anniversary meeting of the Women's Branch of the War Relief Fund, but she felt convinced that the womanhood of India would rise to the occasion and would do all that lay in its power in response to the call of the Empire which was engaged in the most stupendous conflict in the history of the world.

Lord Willingdon gave a report of the marvellous activities of the Women's Branch, which had contributed tens of thousands of boxes of various sorts to our troops in the various parts of the field of battle; had materially assisted in the equipment not only of the Bombay and Alexandria Hospitals, but also of the Colaba and the Marine Lines Hospitals. They had worked for the ambulance trains which take out troops from time to time from various depots to different parts of the country. Three lakhs of yards of cloth had passed through the Branch's depot; and it was calculated that between three and four hundred thousands of garments had been made by the women of Bombay for our soldiers in the field. Generals in the field had required their help, and His Excellency ended his speech by saying, "I consider that the women have shown a spirit of co-operation unexampled in the history of India—Europeans, Hindus, Mahomedans and Parsis, all combining together in what, I think, I may truly call, a great imperial endeavour. They have shown a magnificent organisation, an enthusiastic zeal, and a business capacity which is an example to all of us and which is a credit to the Presidency."

Mrs. Laurence, the wife of the Commissioner of Southern Division, described the work of the women of Belgaum. Mrs. Laurence said that phoenix-like, from the vast conflagration fired by the German Emperor, there had arisen wonderful sympathy between the women of all classes, of all communities, of all creeds—a sympathy and a co-operation which a year ago one would scarcely have deemed possible. To appreciate the force of the feeling one must realise that the orthodox view was tenaciously held that women should live entirely for their husbands, their homes and their children. But such a view of life did not take into consideration the fact that if our enemies were able to wage war in India, the

women, like their unfortunate sisters in Belgium and in Poland, might, alas! have neither husbands nor children to care for!

#### WHIFFS FROM THE EAST.

Thus the women of India had come forward and helped the women of England most nobly. They had given money; with their own hands they made the chutnies and other dainties which Belgaum had been sending to the hospitals throughout the fighting zone, and also to the hospital ships. These dainties were called "Whiffs from the East," and they had been a great success. Bidis, amsol, tobacco, snuff, pickles, betelnuts, methkut, chutney, cocoanuts (dry), spices, and hair combs, cardamoms, cloves, chunam, and catechu.

Mrs. Laurence told a tale of how, hearing a great clatter on her verandah, she found her large red Malabar squirrel had evidently caught a "whiff from the East." It had managed to open a wooden box, and to lift up the lid of the tin, and went careering away with half a coconut in her mouth; as it had never stolen before it was evidently the "Whiff from the East" which had led it into sin—so by this it could be guessed how tempting these dainties were!

Mrs. Laurence spoke of the care of the sick and wounded in the hospitals, and of the self-sacrifice of the women who helped them. She knew of a little English Bible woman whose salary was very small, who gave the whole of one month's pay to relieve the sick and wounded, and of a little Brahmin woman who used to sit up night after night till one and two in the morning, knitting socks. But there must be many cases like this, for it seemed to be the fate of Germany to arouse in the womanhood of her enemies the spirit of sacrifice. Indeed, Germany, in the words of R. L. Stevenson is "stabbing our spirit broad awake."

#### MORE PRECIOUS THAN RUBIES.

Mrs. Sarojini Naidu, the well-known Indian writer and poetess, from Hyderabad, in course of a very eloquent speech said that in this great Indian Continent there was not a single Native State that had not contributed its share towards this war. She was proud to say that the womanhood of India had risen to the occasion and had sent its priceless treasures to the war—their fathers, brothers and sons—as champions to fight the cause of justice. They had shed their blood for the Empire—blood more precious than rubies.

Here in India, Mrs. Naidu had seen Indian Princesses, and ladies of noble birth, who had given up all frivolities and had spent night after night in stitching coarse garments for the soldiers on the field until their delicate fingers bled. The Indian womanhood had materially helped the soldiers in the field with their prayers—it was a common sight to see the women of the speaker's village keeping vigil night after night and sending currents and currents of the waves of their prayer for the success of their fathers, brothers and sons

fighting the cause of the Empire. These prayers, Mrs. Naidu devotedly hoped, had strengthened the men in the field.

#### A NEW HEAVEN.

The practical issue of this great struggle, said Mrs. Naidu, was the unification of the womanhood of the wide world. The prophets and seers of old had seen visions. And Mrs. Naidu saw great blessings in store to the coming human race after this war. It would be the beginning of "a new heaven and a heaven on earth." The old civilisation was crumbling to dust—chaos, death and destruction had overtaken it. Every mother's prayer now should be—May my child grow up to help in unifying the great federation, brotherhood and sisterhood of the coming human race. Those who had sown would reap a hundredfold.

Munificent subscriptions were announced, and a young Mohammedan lady handed to the chairman a large collection made by the Mohammedan purdah ladies present.

### OUR FOREIGN LETTER.

#### LETTER IX.—ECHOES OF THE SAN FRANCISCO CONFERENCE.

*"The very word 'help' implies a broad democracy, for help is not possible alone."*

These potent words, so pregnant with far-reaching meaning, might very well stand as a motto or maxim for all nurses. It is—as I like to call it—a golden pointer, and was uttered by Miss Mary Gardner, President of the National Organization of Public Health Nursing, and forms part of her address. Help is at all times a beautiful word; it implies also co-operation, altruism, humanitarianism, and in its essence might be made to stand for *duty*. It impresses one particularly at the present time because it is materialised into so much splendid work in connection with the War, in which neutral countries have taken a large share, principally America. Miss Gardner goes on to amplify her idea of help in the following words:—"As each citizen brings his or her quota of ability, placing it at the disposal of all, the privilege of corporate strength is felt, while at the same time consciousness of individual talent and preparedness is quickened. One brings the gift of knowledge and the power to teach which start on their way the young nurses eager to join the ranks of the helpers. Another brings the executive ability which makes possible the complex management of the hospitals, changing helpless misery to bearable discomfort. . . . Others again go from house to house bringing order out of chaos in disordered lives, and gradually changing the health situation for whole communities. It only matters that the gift of each should be valuable in its own way, and that it should be offered with the right spirit. The demand of the present day is for efficiency, which we are a little too apt to place over against what we term the senti-

mentality of the last century. In our laudable efforts to be efficient, we are in danger of forgetting that, if we serve with our minds and bodies, leaving out the beautiful intangible things of the spirit, we may not after all accomplish more than those who have worked without the trained mind or the trained body. What is the apportionment of responsibility entailed upon the public health nurse by her citizenship in the republic of helpers? It is not trifling. But we would not be of the class of those who claim a privilege, and escape the inevitable responsibility which is part of it. . . . It is for us so to meet the responsibilities of our day, as to open ever wider opportunities to those who follow us, caring little whether we ourselves are permitted to see the results of our labours, and nothing at all whether such results bring us personal credit. Only in this way, in true humbleness of spirit, yet with the pride born of consciousness of the power of opportunity, shall we be worthy to place our gift with those of others on the altar of service, so gaining the blessing of the strength that comes of united effort."

You will remember that I told you in a former letter that the American nurses are thorough, and that they aim high; also that they are not content with mediocrity. The words and tone of Miss Gardner's address is sufficient proof, besides quotations from others, which I hope have reached you. In consideration of the fact that the National Organization for Public Health Nursing has only existed three years, and also that public health nursing in America was hardly known ten years ago—as one speaker told us—it is astonishing how much has been achieved. As I was not able to attend the sessions of the American Hospital Association, which were held at the Inside Inn simultaneously with our own, it might interest you, perhaps, to know at least the subjects of the papers read by some of the prominent nurses who took part:—

1. "The Effect of Legislation upon the Schools for Nurses in California"—Miss A. C. Jamme, Secretary, Board of Registration of Nurses, Sacramento, California.
2. "The Eight Hour Law: Its Present and Future"—Miss A. A. Williamson, Supt. of Nurses, California Hospital, Los Angeles.
3. "High Ideals in Nursing"—Mrs. A. H. Flash, Superintendent of Nurses, Massachusetts Homeopathic Hospital, Boston.
4. "Progress in Nursing"—Miss Harriet Lick, Principal, Grace Hospital Training School, Detroit, Michigan.
5. "Correlation of Hospital Diet"—Miss Grace McCulloch, Dietician, Peter Bent Brigham Hospital, Boston, Mass.

I believe I am right in saying that Miss A. C. Jamme was instrumental in getting the Eight Hour Law passed in California, which, one speaker said, had been the means of greatly improving the health of the probationers whom it affects.

BEATRICE KENT.

## BOOK OF THE WEEK.

### THE ROMANCE OF A RED CROSS HOSPITAL\*

Wars, and rumours of wars, seem the inevitable note, even in works of fiction. The title of Mr. Frankfort Moore's latest book speaks for itself, though it is in a sense misleading. One would rather have expected, from the conjunction of romance with Red Cross, something of the frivolous spirit with which the serious and responsible duty of nursing is approached too often at the present time; but the author, far from this, is out to attack the system we half feared he intended to glorify. It is really good to hear from the pen of a layman sound nursing principles laid down.

Passing over the first portion of the book, which is full of shrewd comment and humorous appreciation of the attitude of various types of mind towards the war, we will confine ourselves to extracts from that latter part of the book which bears directly on the Red Cross Hospital. It was Angela Inman's Hospital. At the outset of the war she had been left by her godfather a considerable sum of money, with Lullington Manor.

Angela was a person of considerable force of character, good sense and good feeling. She was in addition young and beautiful. She was engaged to be married to an ex-officer of the Yeomanry, who was disqualified from offering his services on account of heart mischief, which was discovered only at the medical examination. He does not disclose the reason to Angela, but asks her to trust him that he is in no way a coward. He is shortly afterwards supposed to be killed by accident in a landslip, his body not being recoverable. He re-appears later, and that is part of the romance. The other part is the love of Dr. Charnwood for Mrs. Thorburn, whose husband he supposed to be dead. It was not until he declared his love for her that he became aware of the facts.

Mrs. Thorburn was a fully-qualified nurse, and accepted Angela's invitation to take charge of the hospital. From the start, it must be fully understood, that these several people put their private feelings on one side and took the job in hand with gravity. Nevertheless, the love affairs, we are led to understand, came all right in the end, and, managed with skill by Mr. Frankfort Moore, the "Romance in the Red Cross Hospital" cannot offend the most susceptible.

The applications Angela received from fully disqualified nurses surprised her, and all the more because of the certainty on the part of the applicants that their disqualifications were actually recommendations. Mrs. Morrison it was who undertook to manage Angela. Said she, "I will be your Commandant." Handing Angela the list of the proposed staff she assured her there was "not an outsider among them." At the foot of the list was the following note:—

\* By F. Frankfort Moore. Hutchinson & Co., Paternoster Row.

"All the above are entitled to wear the full dress uniform of a Red Cross Commandant, with variations in the form of stars to denote exact rank. All entitled to be saluted when out of doors by all ranks of the Army. Convalescents, should they be seated, to rise on their approach." But Angela thought not, thank you! She, herself, was content with the humble title of "Storekeeper."

Both Dr. Charnwood and Mrs. Thorburn had ample experience of that class of nurse who had one eye on the bandage and the other on the newspaper camera. Of course, it was funny to see how seriously the *poseuse* took herself, seeming to fancy that the future of the hospital depended upon her posing to the man with the camera.

We think Mr. Frankfort Moore's suggestion of using running water for scrubbing floors a most excellent one, but it is not explained to us how it should be carried out, and though we quite agree with the microbe objection to the charwomen, we do not see the nurse of the present day cleansing floors, even if it were possible to do so, deck fashion. These ideas occurred to Angela as she watched one of the nurses washing a floor. "She had a pail of hot water, a scrubbing brush, and a floor cloth." This savours of back in the eighties. Mrs. Thorburn's ne'er-do-weel husband justified himself by dying as a result of his wounds in her hospital, and Angela's lover was really alive all the while and, in spite of his dilated heart, had enlisted. He was restored to her wounded but covered with glory.

We congratulate Mr. Frankfort Moore on his having held up so high a standard of nursing and for making Dr. Charnwood boldly refuse cases to the Haughton Home "unless it were placed on a proper basis of efficiency, with a professional matron of at least five years' experience of Red Cross Hospital work, with professional nurses of experience under her control." We hope that this work may be widely read.

H. H.

### COMING EVENTS.

October 1st.—Nurses' Missionary League. Valedictory Meetings, University Hall, Gordon Square, W.C. Sessions 9.30 a.m. to 9.30 p.m.

October 5th to 7th.—National Union of Women Workers of Great Britain and Ireland. The Annual Conference and Council Meetings, Central Hall, Westminster, 10.30 a.m. and 2.30 p.m. Mrs. Creighton, President.

October 5th to 8th.—Gresham Lectures. Four Lectures will be delivered on Typhus Fever, and Cerebro-spinal Meningitis by Professor F. M. Sandwith, M.D., at the Gresham College, Basinghall Street, E.C. Free to the public. 9 p.m.

October 5th.—National Association for Prevention of Infant Mortality. A special course of Lectures on Infant Care.

October 7th.—Central Midwives Board. Monthly meeting. 3.30 p.m.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### WHY SISTER?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was calling on a friend and she was full of the work of her daughter in a Red Cross Hospital, who is not a trained nurse. She kept alluding to her as "Sister." Why? Surely this honourable title belongs to women who have earned it by long and arduous training, experience, and professional status. When I expressed this opinion my friend was annoyed and replied, "But my daughter is a lady." How snobbish! It is this sort of thing trained nurses resent, and I don't wonder.

Yours truly,

A MERE WOMAN.

[This assumption by the untrained of the honourable title of "Sister" is by no means uncommon. It should be sternly discouraged in hospitals.—ED.]

### TERRITORIAL NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have been quietly doing my bit in Territorial hospitals for a year, and like many others would love to have been sent abroad. I have always been too poor to travel out of England. But I am still on home duty, when hundreds of V.A.D. girls have been fully equipped at the Country's expense and sent to France and Malta. It is most unjust, and we trained nurses cannot but realise that social influence and wealth carries far too much weight at the War Office, and that our trained skill counts for very little with the lay people who govern our work.

Yours sincerely,

A TERRITORIAL STAFF NURSE.

### CHERCHEZ LA MÈRE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I feel sure amongst the young women working in military hospitals many are influenced by the best intentions, and if they are under firm discipline are doing useful work. It is a pity, however, that those deficient in common sense are sent to work in wards where kindly, keen-eyed Tommy is looking on. One of these "orderlies" was directed to scrub down a ward table with soda. She promptly fetched a siphon and squirted the soda-water over the table, and then used the kit brush. More than one Tommy (who is always a gentleman where his nurses are concerned) disappeared under the



bedclothes to stifle his mirth. This incident seems impossible, but is true.

Yours sincerely,

ARMY RESERVE.

[We think this poor girl had been unfortunate in her home training.—ED.]

#### COME AND HELP.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I support the plea of "A Follower of Agnes Jones," that "genuinely sympathetic women" should come and help in improving the work in the smaller Poor Law institutions? Indeed, their services are most urgently needed, and it is impossible for us Poor Law nurses not to compare the neglect by educated women of our very poor sick in such places with the manner they rush into Red Cross and military hospitals. It may be natural, but it is far from commendable. We hear much of the selfishness and lack of sympathy of Poor Law officials, and, of course, some of them do appear to "batten" on the Poor Rates, but I have found the majority do their duty to the best of their ability, and we must not blame untrained people too much for not recognising the value of skilled nursing when the women of this country are so callous and neglectful of the uninteresting "pauper" patient.

Cigarettes, flowers and chocolates are conspicuous by their absence in this institution, and such gifts to many unfortunate people would sweeten their lives indeed. Those who really love their kind, come and help.

Yours truly,

ANOTHER ADMIRER OF AGNES JONES.

#### THE FOLLY OF THE "HUSH" POLICY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your article on the Air Raid will be appreciated by thousands of women in England, but more especially by the Nurses who happened to be in the hospitals which have been damaged.

Personally, I think it is a crying scandal that we Britishers are living in a country of "make believe," for all the people who have had the awful experience of being raided know only too well how very untrue and glossed over are the Press reports *re* same.

It is incredible that five Zeppelins should actually penetrate the City of London without the knowledge of the "authorities of those responsible," until too late.

I fear the women of Great Britain cannot look to the present Government, either for protection or sympathy.

It seems to me, as long as "Government Buildings" are safe, it matters not how many hospitals and private houses are wrecked.

Personally, I think, had the Prime Minister been in my place when the first high explosive bomb dropped outside this hospital, he would be a little less optimistic and perhaps, then, something might be done.

Thanking you for your sympathy, which I am sure we possess.

Yours very sincerely,

A NIGHT SISTER.

#### INCREDIBLE FOLLY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—One often hears of the dangers of dummy teats for babies, but I have never seen them so strikingly demonstrated as the other day when I was in a railway carriage—the floor of which was not only thick with dust, but filthy. A woman with a bonny baby in her arms—probably about twelve months old—got in. Round the baby's neck was suspended the inevitable dummy. The mother put him down while she was arranging her belongings, and as he bent down the dummy trailed along the filthy floor. The woman then turned and popped the dummy into the child's mouth. I exclaimed, instantly, that it had been on the floor, but too late to save the situation. "Has it?" said the mother, calmly; "I didn't think it had." She then wiped the baby's mouth *outside*, rubbed the dummy on her handkerchief, and replaced it in the child's mouth. Would it be surprising if that baby got any kind of illness after such a procedure? and if it wasted away from tuberculosis, or developed diphtheria, or any other virulent disease, which proved fatal, the mother would, no doubt, weep and bewail the inscrutable ways of Providence—not in the least realising that not Providence, but her own incredible folly was responsible. How is the lesson to be brought home to the mothers of this country? This was quite a better-class woman—and the baby clean, well-dressed, well kept, and evidently cared for.

Yours faithfully,

ASTOUNDED.

#### OUR PRIZE COMPETITIONS.

October 2nd.—Tell what you know of any new hospital treatment.

October 6th.—What is preventive nursing, and how can it be employed for the good of the community?

October 16th.—Describe the most modern methods of treating Hip Disease.

#### TO HOSPITAL SECRETARIES AND SUPERINTENDENTS.

##### "THE MODERN HOSPITAL."

The *Modern Hospital* is the very finest journal in the world devoted to buildings, equipment, and the administration of hospitals, sanatoriums, and allied institutions, and to their medical, surgical, and nursing services, and can be procured monthly in Great Britain from Science Reviews, Ltd., 36, Whitefriars Street, Fleet Street, London, E.C. Hospital Managers, Secretaries, and Superintendents will find it contains just the expert information they need. Cost 14s. annually.

# The Midwife.

## THE CHILD.

### A PLEA FOR A WIDER VIEW OF PATRIOTISM.

At the present time our minds are filled to overflowing with the heroic and the overmastering horrors of the present conflict. Our newspapers are more to us than daily bread; almost from every household has gone forth one, at least, to brave the dangers and strike a blow for righteousness and freedom, or to bind up and heal those broken in body or spirit in the present strife.

We have developed an appetite for wool; at every fireside the needles play a minor, ever the same, to the war songs of the battlefield.

In one or two "advanced" journals one sees headings such as these: "The Blessings of Peace," "The Peace when Germany's Power is Broken," and so forth.

Meanwhile there is an old subject, much thought of in the days of plenty, that requires, and will require, more and more thought as the days go on, and we realise again and again how many fair lives have been laid down; for now that the flower of England's manhood stands forth at duty's call, lads in their teens, men in the twenties and thirties, lusty and strong, by the thousand, many of whom will pay the full price of their loyalty in the coming months, to those of us who think forward we see how greatly our race will be depleted, and thought turns with fresh emphasis into the old groove. *The preservation of child life; our duty, the duty of the State and individual to the child.*

I am not writing this with any desire to suggest that it is not the first duty of the patriot to give his life for his country: that intention is, indeed, far from my thoughts; to have a whole skin and a carefully nursed estate were poor patrimony, sans honour, for our sons' sons.

My contention is otherwise. There is a terrible wastage of child life going on in our midst, especially amongst the industrial classes; there are also a great many degenerates amongst the hard-worked professional classes; the aristocracy are not free either, amongst the substrata, the very poor and the vicious, they abound. Why?

Some years ago a book fell into my hands, the title of which escapes my memory. The

main drift of the carefully written pages was to establish a theory that every child born into the world was physically perfect, that they all had an equal start at birth; what happened afterwards were the determining factors in the child's mental and physical and moral development. An astonishing array of learned names, medical and otherwise, vouched for this truth, and statistics were produced that appeared conclusive. I remember that American and German thought were in agreement on the point.

It seemed like presumption to dismiss such a work with one word, "Bunkum." I think it was Heine that said: "Experience is a good school, but the fees are somewhat high." It is only from experience that we form our private judgments, and personally I can claim a larger knowledge of child life than falls to the lot of most people, and I have garnered some words of wisdom from at any rate two or three men famous in their several ways, who have devoted all their working years to medical and social work amongst children.

My first lessons were under a child specialist, who told me when he was nearing seventy that "he was just beginning to know something about a child." He claimed that every child could be hand-fed on milk properly humanised, so that if the child were properly fed (always conceding the fact that the child's fontanelles were open), it would be almost impossible to say whether or no the child had been breast-fed in later life; naturally the ideal method of infant rearing wherever possible. At the same time, he held each child must be separately dieted, no two alike, no hard-and-fast rules. Wise words indeed.

Medical men and women holding positions where they can control the care and management and feeding of large numbers of infants and children, *should be willing to make it their life work*, otherwise they cannot expect to get the best results; and fail in their duty to the race.

So much for the body. If we get a child in the first few months of life, fontanelles open, we can develop that child's head and body on normal lines. *But the mind.* No, we cannot vouch for the brain; that may or may not be able to develop normally, and I think I know why.

In some instances, lack of proper nourishment during the first six months of life appears to be the determining factor; in the majority

of cases, nervous overstrain on the part of the parents before the infant's conception appears to be entirely the predisposing cause.

It will be already obvious why mental degeneracy is the offspring of vice, the product of moral corruption, the outcome of abuse.

It may not be quite so obvious why one meets with the same condition in the ranks of the hard-working, clean-living professional, the high-minded, self-denying leader of science, social reform, literature, or religion. It may not be so obvious, but it is there. I think we can find the predisposing cause of the mental condition of degeneracy still to be the overstraining of the nervous system of the parents before the child's conception, though the overstrain may be caused through an altruistic and not a carnal motive.

By these remarks I do not wish to convey the impression that vice is confined to class; morals are not the monopoly of any strata of society.

It is too well known to need more than reference in passing, that the mental degenerate becomes more easily a moral degenerate than a normal person.

Undoubtedly alcohol plays a very important part in the production of mental degeneracy in the next generation; it destroys nervous stability and accounts for much overstrain, and is by no means confined to class or sex. Furthermore, I believe it accounts for much hereditary suffering, and the results can be plainly seen in the nervous and gouty invalids of the present day. In this paper I have spoken of the wastage of child life from but one point of view; that there are many others those who have much knowledge of the question cannot doubt.

It is absolutely impossible to alter the condition of the mental degenerate beyond a very limited point. As regards moral training, it can only be preventive, very slightly progressive. Through a mental equipment so slight, how can the highest in man find expression?

The immortal soul is held in bondage, and so are the sins or mistakes or ignorance of a former generation visited on their children.

Is it not the duty of those who know to speak, and teach self-control, temperance, and the duty due from parents to child, and of the individual to the State, and the State to the child also?

M. SUTTON.

We shall have the pleasure of publishing two more papers under the heading of "The Child" by Miss Sutton, who has wide experience of the subject on which she writes.

## NATIONAL ASSOCIATION FOR THE PREVENTION OF INFANT MORTALITY.

A Special Course of Lectures on Infant Care, for Nurses and Midwives, will be held at the Royal Society of Medicine, 1, Wimpole Street, W., on Tuesdays, from 3 to 4 p.m., October 5th to December 21st, 1915, with the exception of the first lecture, which will be given in the theatre of the Royal College of Surgeons, Lincoln's Inn Fields, W.C.

In addition to the lectures, arrangements will be made for every student, if desired, to attend at four or more Infant Consultations. These facilities are provided at certain selected Infant Welfare Centres, of which a list, giving the addresses and the days and hours on which the consultations are held, will be circulated at the opening lecture.

An examination will be held at the close of the course and certificates awarded.

Application for tickets should be made to the Secretary, 4, Tavistock Square, W.C.

## FEEDING BELGIAN BABIES.

The Milk Branch of the Belgian Refugee Food Fund has issued a special appeal to young folks in this country to put away one penny a week, and send them to Lady Williams, at 21, St. James's Street, S.W. The "Letter to the Children of Great Britain and Ireland" recalls the sad history of many mothers and babies of Belgium, driven from their homes and country, whilst their husbands have had to stay behind to fight.

"Think what it means," the appeal proceeds, "you fortunate children, who have your homes, your good food, and so much happiness, to be driven out of your homes, to be obliged to go away to a country where all are strangers. What we ask you to do is to give us some of your pennies for the Belgian babies, instead of spending them on yourselves. Ask your friends, also, to help us. Ask your teachers to collect in the schools, so that to all the little Belgian babies whose mothers come to us we can give good supplies of fresh milk."

## A BABIES' HOUSE.

The Duchess of Marlborough opened last Saturday a babies' house at Wealdstone, which is a working-class district near Harrow, and which has been organised by Dr. Barbara Tchaykovsky and a committee. A letter was read from the President of the Local Government Board expressing his interest and approval and stating that he welcomed the establishment of such institutions.

## A TRUE TALE.

A correspondent sends us the following, which she vouches for:—

An old family nurse was informed that one of her nurslings who had married had recently given birth to triplets.

The old lady was greatly excited. "You don't say so," she exclaimed, "I shouldn't wonder next time if it wasn't *quadrupeds*."

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## EDITORIAL.

### MY WAR.

For some time past we have been squaring ourselves to meet the Budget, and now we know the worst—at least for the present. Most of us have wished to help in the present distress. Now is our opportunity. How are we preparing to meet it? What is our attitude of mind towards the whole question? A right grasp of the subject will make all the difference in our response. The fact that we are forced to pay will in no way prevent us from “acquiring merit” in this new condition of affairs.

First, we have got to realize that this is not only our war, but *my* war.

Secondly, we have to strive to comprehend its colossal demands upon the nation of which I am a responsible unit.

Over and over again, we hear recruiting officers making their desperate appeal to the vacuous young men in their audiences. “You don’t realize what you’re up against, or you’d join to a man.”

With solemn warning, financiers assert that the public generally has no grasp whatever on the gravity of the financial outlook.

It is here that women’s responsibility comes in, for the new Budget is largely the woman’s burden.

Matrons and heads of public institutions will be confronted with the unpleasant duty of drastic reforms in expenditure. Here is the opportunity for the nurse who has stayed at home. Loyal, hearty, uncomplaining co-operation for the common good.

In private nursing, too, there will be great scope for self-sacrifice. Sickness, in many homes, means the straining of every nerve to meet the expenses of doctor and nurse. At this present time, the strain will be largely increased.

Nurses should see to it that the incidental expenditure for which they are responsible is reduced to a minimum, and show their patriotism by contentment with simple fare, and the refusal of luxuries, of which the family themselves cannot partake. What about a taxi when a bus would serve the purpose?

Luxury will die hard, but die it must, if we are to win through. Women have many hard things to say about the men who are not doing their duty, but there is quite good ground for retaliation. Do the *women* realize what they are up against?

The shopping centres are crowded to excess. The windows are full of luxurious clothes, expensive headgear, extravagant furs, frivolous frippery, luscious food and sweetmeats. It all seems heartless somehow. Of course luxury is a relative term, and what would be regarded as such by one would be almost a necessity for another, so that to try and define it from a general point of view would be a hopeless task. But the call to self-sacrifice is clear and insistent for all, and all must respond if they would be worthy daughters of the Empire.

Does it seem dull, uninteresting and galling? Let us try and picture to ourselves the horrors of warfare, and what it would be like, if we were invaded by Germany. Nothing that we can imagine could equal that grim realization. *If the Germans came.* We need, as a spur, to remind ourselves of the possibility.

The war is costing nearly five millions daily. We cannot think of millions daily, it startles and bewilders us. But the money must be found to secure victory for all we love and honour. Then, there are our dear brave lads, serving in the trenches, keeping their perilous guard on the ocean or in the air, or stretched on their beds of pain in the hospitals. Do we grudge them



the things necessary to keep them in safety, in health, or comfort them in sickness? A thousand times, no! But their needs are colossal and must be paid for.

It is said by those who have good right to know, that if every individual in the Empire were to do their very best, the War would shortly be at an end. Our nurses have done well—let them do better. What sacrifice they can make, what self-denial they can practise, should be at once enforced. Such conduct will bring comfort and joy.

### ON THE RECRUDESCENCE OF LOCAL SEPSIS IN COMPLETELY HEALED WOUNDS.

Mr. C. J. Bond, F.R.C.S., Hon. Colonel R.A.M.C. (T.), writes in the *British Medical Journal*:—

There are reasons for thinking that cases are occurring in the military hospitals in the country in which some slight surgical interference—for instance, an incision for the removal of a piece of shrapnel under strict antiseptic conditions—has re-lighted a violent local reaction in the neighbourhood of a recently healed wound. Further, I have records of several cases under different surgeons in which, after all incisions and sinuses round a compound fracture involving the elbow or hip or other joint had completely healed, even such a simple procedure as passive movement of the joint under an anæsthetic has lighted up quite a violent reaction, the reappearance of the old sepsis, and the formation of local abscesses, although no incision was made nor any solution of skin surface produced.

Struck by the frequent absence in many cases of guiding signs, either local in the condition of the tissues, or general in the condition of the patient, which can be relied on as accurate indications that the original septic process has quite died down, and that all pathogenic organisms in the neighbourhood of the fracture and along the track of the wound have been completely killed off in any given case, we have lately tested this point in some cases by dropping the piece of shrapnel or the fragment of bone removed at the time of operation directly into a culture tube, and I hope to record these results on a subsequent occasion. I wish now, however, to express the opinion that if observations on these lines were carried out by surgeons on an extended scale as a routine procedure, valuable information would probably be obtained on some points in the life-histories of pathogenic organisms in their relation to the

body tissues which are now obscure. For instance, we want to know more about the conditions under which pyogenic organisms can dig themselves into the tissues and remain quiescent in sheltered situations without causing any local or general symptoms and without losing their virulence, just as the malaria organism is supposed to bury itself in the bone marrow or the tubercle bacillus to become encapsulated in a lymph gland.

To what extent is the capacity of such organisms to remain alive and virulent the result of the formation of the barrier of fibrous or granulation tissue which surrounds them, or is it aided by the concomitant presence of a foreign body or some devitalized piece of tissue—for example, a fragment of bone—within the uneven surfaces of which the cocci can more readily defend themselves against phagocytic action?

Is the time interval of essential importance, and, if so, how long after the complete healing of a wound under ordinary conditions may we suppose that the cocci or bacteria which caused the original sepsis can retain their virulence and their capacity for renewed activity?

How does the surgical interference, the incision, or the passive movement under an anæsthetic bring about the renewed activity of the organisms and the reappearance of the local sepsis? For it is quite clear that this result is due to the lighting up of the activity of organisms already present in the tissues, and not to the introduction of a fresh infection. The fact that passive movement without skin incision can bring about the result is conclusive evidence on this point.

Does the fresh mechanical injury operate by breaking through encapsulating barriers of tissue cells or by lacerating capillaries or lymphatics plugged with the cocci or their spores? Such suggestions seem only partially adequate to explain what happens. For, although the injury may set free the organisms, it also causes a re-flushing of the local area with blood serum, and this might be expected to inhibit the growth of any organisms liberated amongst tissues which have themselves recently experienced and recently recovered from infection, and which should therefore have acquired some degree of immunity against subsequent attack.

The routine examination of the cultural characters of the re-activated organisms and a comparison between these and the characters of the original infection would probably throw light on this problem.

Meanwhile, some highly practical questions also arise. It would, for instance, seem desir-

able to allow a longer interval of time to elapse after the sound healing of a wound before undertaking any renewed surgical interference in some cases than in others, and at present we do not know how to distinguish the cases in which the longer interval is necessary. Some guidance can be derived from a previous bacteriological examination of the serous fluid withdrawn by a needle from a joint or cavity in the neighbourhood of which the foreign body lies embedded. Thus, in the case of a piece of shrapnel embedded in the cartilage of the outer condyle of the femur and removed from the knee-joint of a soldier at the Leicester Royal Infirmary two months after the healing of the wound, a few cubic centimetres of the serous effusion aspirated from the joint some days before operation proved to be sterile. In this case the piece of metal removed from the cavity in the bone and dropped direct into a cultural tube failed to give any growth of organisms.

In this case also previous attempts to use the joint had brought on considerable effusions on repeated occasions, but these were evidently due to the mechanical effect of the foreign body, which projected slightly into the joint cavity, and not to infection.

Some indication that danger of renewed sepsis does exist may also, I think, be gained at the time of operation from a close scrutiny of the condition of the tissues immediately surrounding the foreign body. If, on cutting down, the piece of metal is found in a distinct cavity, which also perhaps contains some grumous fluid, then it is probably wise to take steps to sterilize the cavity and to drain, instead of completely closing the possibly re-infected wound.

In conclusion, I should like to add that the renewed septic process which I am here describing is no mere slight reaction, or swelling or effusion which subsides with rest and time. It represents a violent reaction on the part of the tissues against a renewed virulent infection. It ends in local suppurative, and in some cases has been sufficiently serious to threaten the limb or even the life of the patient.

#### TREATMENT FOR PULMONARY TUBERCULOSIS.

A writer in the *Medical Record* calls attention to the fact that it is the combination of the tubercle bacillus with the pus bacillus that makes it so deadly. To combat the latter, he recommends the use of a fresh preparation of calcium sulphide. He gives doses 6 to 8 grains a day with success, and uses creosote and cod liver oil simultaneously.

## THE CHILD.

### THE GREATEST NATIONAL ASSET—A PLEA FOR A WIDER PATRIOTISM.

#### II.

Tuberculosis visiting is an illuminating study. Here we find the children of the nation exposed to an infection from which there is little possibility of escape.

We deal with ignorance and selfishness, not to mention squalor, on the part of the parents.

We deal with carelessness and selfishness on the part of the owners of small property.

We deal with impossible economic conditions, with, at present, an inadequate scheme where-with to fight the disease.

There is also a phlegmatic hopelessness on the part of the poor to alter their condition.

I do not wish to infer that the fine body of Tuberculosis Health Visitors are therefore wasting their time; far be it from me to suggest such a thing. They work splendidly in the public cause, but much of their labour, on account of housing conditions and an inadequate scheme to deal with the disease, is undoubtedly futile, and the fruit of their labour in many instances is beyond their ken. One thing is certain—below a certain poverty line it ceases to exist.

Come with me up King George's Yard, and I will show you a typical family, by no means the worst of my acquaintance.

We start from a busy thoroughfare of a commercial city. Five minutes' walk takes us to Factory Lane, a steep and sloping street, with factories on either side, from which pour hundreds of women and girls at the dinner hour.

We turn again into Wool Weaver's Alley. On the right lies the Yard we seek.

The houses at the entrance are tall and dark; evidently the very poor live here.

There is a smaller row a little farther up. They fill what might have been an open space, and are of the back-to-back type, with *no through ventilation*. The last house is our destination, where the roadway ends in a *cul de sac*.

When I first visited, the family consisted of six:—Father, aged 49, Mother, still in her early thirties, and three boys; an infant girl of six months completed the family circle. George, the eldest, was nine; Stanley, five, and Malcolm, two and a half years old.

The patient, the father, had suffered from laryngeal tuberculosis for seven years. Four times had he been an inmate of the Union Infirmary, and four times had he returned to the

bosom of his family, for the tubercular pauper can please himself, and cares little for the spread of the disease.

I remember that first visit very well.

The one living-room was dirty, the atmosphere close; two rooms above, and a small cupboard opening out of the living-room, were the entire accommodation.

All the window cords were broken, and the windows therefore were unable to be opened; all the drains were stopped up, and the sanitary arrangements disgraceful.

Beside the hearth sat the patient, almost voiceless, expectorating freely into a mug kept at the side of the fire, and reached by him frequently actually across the baby's cradle, even without leaving his seat. Poor little infant! I am glad to say she died in a few months, a victim truly to the white plague.

On the couch sat the mother, underfed. She told me she breast-fed the baby. Her busy scissors flying on "piecework" from the factory near by; that, and a pension of under eight shillings a week was the sole source of income. One child played on the doorstep; another was tied back in a chair, still unable to do more than crawl.

The eldest boy nearly lived on the streets, utterly uncontrolled, and has since been sent to a reformatory, as an incorrigible little beggar. I have closely studied the two small boys, Stanley and Malcolm; they are sturdy, but of the phlegmatic, tubercular type of feature and intellect.

The three younger children, you will notice, were born after the father had developed the disease.

I have seen them fed on strong sweet tea at ten o'clock in the morning, made by the father in an open basin, and put into a small tin mug by the spoonful, for the children's consumption, and this between paroxysms of coughing, for the poor man had little rest.

In a family where the mother is the victim, conditions may be even more distressing than those here recalled. There are three classes of houses that I have learnt to know: one with the white tablecloth—here the inmates are generally teachable. The one where newspaper is the tablecloth—something may be done there. Then comes the unscrubbed deal table, upon which you always find plates, bread, teacups and teapot, some dirty fly-blown accumulation of butter, or other kinds of food, with sundry tins and other household appliances; this, like "the March Hare's" tea-party, is never cleared away, never washed up, and typifies a family below the line of self-respecting poverty.

And the infant from such surroundings? Surely there is a terrible wastage of child life going on in our midst.

Is it any wonder that our children's hospitals are full, that our sanatoria overflow? On our history sheets, how often we find that mother, father, brother or sister has died of consumption.

But what remedy do you suggest, I hear you murmur.

The compulsory segregation of advanced cases, where ample care, space, and sufficient means are not forthcoming to satisfy the representatives of some central medical authority on tuberculosis. This segregation might be carried out in special homes, hospitals, and in connection with the union infirmaries for different classes of cases throughout the country.

Even an early case of phthisis, that receives treatment in a public sanatorium, coming back to a home such as I have described, received no permanent benefit; and usually in that sphere of society it is impossible to remain out of work, or the little mouths are not fed. I ask you, how is the child of tender years, or the growing child or adolescent youth to escape infection?

That there are other sources of infection I am well aware. The space of this article enables me to dwell upon but one aspect of a national question.

M. SUTTON.

#### FORTY MILES OF MUSLIN.

Lieutenant-Colonel Sir Courtauld Thomson, the Chief Red Cross Commissioner in the Near East, is now at home in consultation with headquarters, and he has given the *Daily Telegraph* some very interesting statistics of the work. There are 500 British Red Cross workers in the Mediterranean area, and seventy-five Military and Red Cross hospitals and convalescent homes in the Malta and Near East zone. There are five hospital trains in Egypt, beside motor launches, yachts, and steam tugs, to say nothing of invalid kitchens.

The work costs £2,000 a day, and Sir Courtauld adds: "To come down to hard figures, I may mention that we have distributed 2,000,000 cigarettes, 100,000 pairs of socks, 70,000 shirts, 70,000 pyjamas, 100,000 handkerchiefs, 40 miles of muslin for mosquito-netting, 20,000 vests, 20,000 tins of tooth-powder, 20,000 pipes. It is a wonderful organisation, which people at home hardly realise. The urgency is great; the need for liberal support cannot be over-estimated."

If you would that England live  
You must give, and give, and give.

H. FIELDING HALL.

## "SOMEWHERE IN FRANCE."

### "THE DUCHY OF NORMANDY."

During the war year members of the French Flag Nursing Corps have been on duty in quite a number of ancient cities in Northern France; cities and surroundings pregnant with historic interest for women of our race—Rouen, Evreux, Bernay, Lisieux, Caen, Le Havre, and elsewhere—grouped in the Duchy of Normandy, so closely associated with England; and in Norman and Plantagenet times covered with England by one Crown. We doubt if many of these devoted Sisters, so busy with their practical work, have had time to enjoy their delightful environment, but as we slip through the barriers of Paris on this gorgeous morning, in a fleet car—which is to rush us to Caen via Evreux and Lisieux, in a day, so that we may visit some of our Sisters and see their excellent work—we are inspired with a strong temptation to pass by these places of pain, and revel in the sunlit silence and peace which apparently pertains in this bounteous land. Passing as we are into the glorious light of the West, we just don't want to remember that away East, Lucifer let loose is wreaking his vengeance on man and beast.

It is such a pearl of a day!

Everywhere flowers and fruits and golden grain and sweet-scented hay, leisurely kine and imperturbable *chevaux de charette*, the slowly grinding wheels of which we shave by an inch!

Away on the wings of imagination the spirit takes flight into realms of romance, with which this whole district is redolent, the while we skim along the Seine valley, past royal demesne, through old-world towns and villages, past ancient flower-clad farms, streaming like light along the straight, shaded roads, the events of past centuries flit through one's brain at express speed.

#### ROBERT TOI QUE J'AIME.

*Robert le Diable! Robert toi que j'aime.* The car flies through Mantes, but we are far away at Falaise. What like was Arlette, the tanner's daughter, loved of Robert the Devil, mother of that Conqueror whose blood is in the veins of half the Royalty of Europe? Why have we not in our Royal House to-day a Princess Arlette? There is still a Fontaine d'Arlette at Falaise. Imagine it—the wonder and romance of it! The descendants of these virile lovers are they not, after all these centuries of time, still King and Queen of England, German Emperor (a limb indeed of that self-same Norman Devil), the Tzaritzza of all the Russias, to say nothing of the Queens of Spain and Norway, Greece and Roumania, mothers of kings to be! We imagine thee, Arlette, in spite of thy father's traffic in tan, a very Queen, wringing the heart of thy "Devil" with excruciating pangs of love, and that natural son of thine—great warrior, great statesman—Rex Anglorum, here in Falaise we he born.

Then perched on its rock above Andely appears the walls of that famous fortress, Chateau-Gaillard, the "Saucy Castle" of Cœur de Lion, and the greatest monument left of that adventurous monarch, who had little love for England, and yet remains to us a great heroic figure.

We dream of peace, but over every mile of this fertile land, during the Hundred Years' War, and before and since, the dogs of war have been let loose. Here Norman, and French, and English have fought, and pillaged, and died, and loved the fray—so why waste pity on these warriors bold?

Only one scene makes the cheek to burn. There in the market place of Rouen, treacherously sold to Bedford, did not we English burn alive the chaste body of La Pucelle de Dieu, and cast her ashes to the flood? Surely for ever, the music of her sweet and plaintive voice-pleading above the smouldering pyre, "Jesu! Marie!" will be heard through all the centuries. Let us rejoice that one brave English man-at-arms had the courage to exclaim after the foul crime: "We have burnt a Saint; we are lost." Indeed, from that day forth the title "King of France" should have been struck out of the titular honours of England's King. The murder of the Maid shattered all claim to royal puissance.

And still we are skimming through the sunlight on the way to Evreux, the town with a wonderful belfry, and exquisite Cathedral, wherein may be seen the incomparable series of carved wooden screens and lovely painted glass. A little city flanked by the forest, where the river laps in and out about the houses, and around which the misty hills keep guard. And now we come to mundane matters—not however entirely divested of romance.

#### THE ECOLE PROFESSIONAL MASSAGE CLINIQUE.

First we go to the military hospital established in the *Ecole Professionnel*. A side door brings us into a pleasant inner courtyard, where bright flowers are blooming, and where we find convalescent soldiers basking in the sun. We have a very delightful welcome from the Sisters on duty here.

Soon it is apparent that the work the Sisters have accomplished in this barrack hospital is above praise. Here, early in the War, came Sister Wadsworth, R.N.S., and Miss Neville-Parker, I.S.T.M. They found things very primitive, but were received with kindness on all sides. They also found a sad contingent of maimed and shattered men—broken and stiffened in the War. With what energy and devotion they set to work may be realised when it is known that nearly 100 patients a day (and well into the night) received skilled massage treatment from their tireless hands, and that so efficacious was their handling that patients would come early and late, and wait for hours for a chance of treatment. Outside the door of the little room (we christen it the Pool of Bethesda), many injured men are waiting; and inside Sisters Wadsworth, M. E. Smith and



Miss Nevile-Parker show us just with what energy they work for hours, and with just pride point to success and recovery. Such faith have these brave and cheery men in the touch of the gentle Sisters, that small wonder their work has grown and grown, so that now a much larger room, fitted with remedial appliances, has been placed at their disposal by the medical officer, who greatly appreciates their skill, and two additional Sisters—Maudling and Chamberlain—have been added to the staff, at his request.

Who shall dare to say the days of chivalry are past? In this barrack, these young women have lived for months—revered by their patients. Just a phase of war, which makes one realise how indispensable are the motherly tenderness and

Sisters, engaged not only in rendering beneficent service to our Allies, but, incidentally in cementing friendship between England and France—in a very practical way.

#### ECOLE LIBRE ST. FRANCOIS DE SALES.

On a superb site, surrounded by a magnificent park, stands the *École St. Francois de Sales* now used as a military hospital under the direction of Dr. Calve. Here also the great surgeon, Dr. Leo, of Paris, *Aide-Major de Première classe de la Réserve de l'Armée Territoriale*, has been in charge of *grande blessés* since the beginning of the War. Sister A. Hawkins has been closely associated with his fine surgical work, and with Sister Bale has won the confidence, not only of the great



THE TERRACE. HÔPITAL ST. FRANCOIS DE SALES, EVREUX.

grace, and the comforting skill of women, in keeping strong and stainless the courage and purity of men!

Then, how contagious is kindness! In the corridor, we come upon M. Cohen Jules—a wounded soldier—tenderly nursing a wee kitten. This little favourite had fallen from a window ledge and broken its leg, and it has been treated with a tiny splint in the neatest way. Its "nurse" will have us notice it, and we are assured with much merriment that its temperature has been taken! Since which time we learn the kit has quite recovered, and that this humane soldier has received the badge of the Blue Cross for kindness to animals in War!

We part with regret from this happy unit of

surgeon, but of many philanthropic workers attached to the various departments of this large hospital. As we whirl up the drive we note the noble facade of the beautiful building facing the terrace, and how magnificent is the view to be seen from it which sweeps over Evreux to the hills beyond. We pass to the *cour intérieure*, and here come upon Sister Hawkins busy at work. With her we are permitted to make a tour of inspection, and have our attention drawn to all the improvements made in the past year. Two rooms admirably adapted and fitted for the theatre, which is so constantly in use; the fine dormitories used as wards. This hospital has many good friends, and it is to the Comtesse d'Ideville that much of the adaptation is due. This charming French

lady has devoted herself to the service of the hospital throughout the War, and to our Sisters she has extended the greatest courtesy and kindness. Great improvements in the nursing of the sick has been possible under these happy circumstances, for which the patients appear deeply grateful. It is indeed a pleasure to hear all that has been done for them; and we are shown many interesting appliances which have materially aided their recovery.

It is, of course, not possible to make a perfect hospital of any building constructed for another object, but the Hôpital St. Francois de Sales at Evreux is wonderfully adapted for its purpose; and as we pass from that grand terrace on our

## HELP FOR RUSSIA.

Miss S. S. Irvine-Robertson has been appointed Matron of the Anglo-Russian Hospital, to proceed at an early date to Russia, to take part in caring for the wounded. Miss Irvine-Robertson was trained at St. Bartholomew's Hospital, and is a member of its Nurses' League.

Unauthorised statements have recently been made in the press that there has been a lack of applicants for the Nursing staff of this hospital, and we are requested to say that this statement is entirely erroneous. More than 500 applications have been received for 20 posts, most of them



THE COMTESSE D'IDEVILLE. SISTER HAWKINS, F.F.N.C.

flying visit to Lisieux and Caen we are sensible of the sincere devotion of those who in their labour of love, have so successfully consecrated it to the service of sick and wounded patriots, for whom, in our opinion, no standard of nursing is too high.

E. G. F.

The President of the Corps, Lady Barclay, 60, Nevcrn Square, Earl's Court, London, S.W., will be pleased to hear from those Sisters who have not yet received their badges; a new supply is now ready. This pretty badge, now becoming so well known and respected in France, is a most useful link between members, especially when travelling and in Paris.

from well qualified women, to whom the idea of helping our splendid Ally in her magnificent fight for freedom, makes a most poignant appeal. We feel sure under the direction of Miss Irvine-Robertson a fine staff of nurses has been secured, and we heartily wish them God speed.

Competitors for our Prize Competitions are asked to note that their papers, endorsed Prize Competition on the envelope, must reach the editor at 20, Upper Wimpole Street, W., by the first post on Monday morning each week, otherwise they are too late to compete for the prize.

## NURSING AND THE WAR.

Miss Janet St. Clair, Q.V.J.I.N., is now in England, enjoying a little rest after arduous work in the Polish Hospital at Vilna, and in the British Hospital at Petrograd, which is supported by the British Colony in the Russian capital. Miss St. Clair's work has been greatly appreciated in Russia. We are indebted to the editor of the *Lady*, who has courteously lent us the block of Miss St. Clair which appears on the next page.

*The Times* Paris correspondent reports the following story of an English Nurse's devotion:—"A splendid example of devotion has been given by an English nurse, Miss Mary Davies, at the American Hospital at Neuilly, in the course of experiments conducted by Dr. Taylor, bacteriologist of the Imperial Cancer Research, for the cure of gas gangrene. Dr. Taylor, who experimented with guinea pigs, was unable to obtain results which would allow him to apply his conclusions to human beings, as the crucial experiment of inoculating a human being with a pure culture of the bacillus was necessary. There were many cases of gas gangrene, but as these were all complicated by other forms of infection they were of no use for the purpose of experiment. A case of uncomplicated gas gangrene was indispensable for testing his remedy.

Nurse Davies, who had studied bacteriology at the Pasteur Institute, had seen about 200 fatal cases of the disease and had seen guinea pigs die in the course of Dr. Taylor's experiments. Without revealing her intentions she took a room near the hospital, and on Friday Dr. Taylor received a note from her begging him to come at once to make "last experiments." The doctor found that she had given herself an injection of the culture used in the experiments on guinea pigs. Two hours afterwards symptoms of gas gangrene developed. She had furnished the doctor with a pure case of gas gangrene. The doctor injected a quinine preparation with which he had been conducting his experiments and in 24 hours the patient was out of danger. The treatment is now in force in the American Ambulance."

This heroic woman, who is of Welsh origin, is the daughter of Sir Henry Davies, who died about ten years ago, and who was Governor of one of the Indian Provinces.

## NEW ZEALAND VOLUNTEER SISTERS' ASSOCIATION.

Encouraged no doubt by the ease with which untrained women have been able to assume the uniform of trained nurses, and assume authority as superintendents of hospitals and nursing at home, and in France and Flanders, and as nurses still further afield, a few weeks ago many untrained women in New Zealand proposed to form themselves into a 'New Zealand Volunteer

Sisterhood Association," of which the following statement of their objects was issued from headquarters:

"(a) The object of the Sisterhood is to organise bodies of sensible and intelligent women to go abroad to nurse and tend the sick and wounded.

"(b) Our work is to clear away the disease and discomfort in the military camps.

"(c) But let no man, officially or unofficially, dare to come between us and our hereditary duty of tending the sick and wounded."

It was said by some that the members of this Association were merely going to act as cooks, or typewriters, or menders of clothes, and that they were not to act as nurses. These duties may, perhaps, be undertaken by the N.Z. Volunteer Sisters, but it is evident from the statement of objects issued from the headquarters at Christchurch, and summarised above, that the Association expected to be employed in actual nursing of the sick in New Zealand and at the Front. Their offer with regard to remuneration was also somewhat ambiguous—for a volunteer corps—namely: "These women will be asked to give up one year of their life for practically no payment at all, for the good of their race and their nation, and on the claims of humanity alone."

But we learn that maintenance will be provided, and a personal allowance to each woman of 10s. per week only. A uniform will also be provided; transport to Egypt or elsewhere; and each woman will be insured against illness, accident and death.

A somewhat costly expenditure for unskilled work!

This movement naturally found little favour with the New Zealand Trained Nurses' Association—who are all highly skilled registered nurses, hundreds of whom are quite ready to render valuable help to sick and wounded soldiers—especially to members of the New Zealand Expeditionary Force at the Front, if reasonable expenses are paid by the Government.

## MISS MELITA JONES ADDRESSES THE MINISTER FOR PUBLIC HEALTH.

In a letter to the Minister of Public Health from Miss J. M. Jones, hon. secretary of the New Zealand Trained Nurses' Association, the position was stated as follows:—"The president (Miss Foote) of the N.Z.T.N.A., has requested me to write, on behalf of the Association, drawing your attention to a movement (originating in Christchurch) to provide unskilled nursing for our troops at the front and in New Zealand. There are many trained nurses in New Zealand who are quite willing, when called upon, to give their services, and should the Government find it impossible to pay the fees they are entitled to, will no doubt endeavour to meet in a patriotic spirit any sacrifice that may be demanded of them. That a body of untrained women should style themselves 'Voluntary Nursing Sisters,' and request patients to address them as 'Sisters' or 'Nurses' when on duty, is, we think, very

misleading, and likely to cause endless confusion. Why should not the untrained take up the cooking and domestic duties in our hospitals, and be known as 'Voluntary helpers,' receiving thanks and appreciation for their much-needed work, without invading the ranks of trained nurses? The registration of nurses, obtaining first in New Zealand, gained us the approbation of our colleagues the world over, and we feel we have a right to safeguard our privileges. We do not in any way wish to detract from the usefulness of the voluntary workers."

#### THE MINISTER'S REPLY.

The Minister replied to Miss Jones as follows:—"I am well aware of the Association that has been formed in Christchurch to provide assistance to our nurses, not, as you say, to provide unskilled nursing. The members of this Association are merely washing and cooking, and helping the nurses in any way they are able, such as looking after the linen, typewriting, &c. Please do not think they are doing the nursing. We have twenty - nine trained nurses at Trentham; the others are assisting them in the manner I have mentioned, and their services are much appreciated by both the nurses and the Department. The understanding is that they are to be regarded as probationers, not as nurses or as nursing sisters. I quite understand that there is some feeling amongst the registered nurses with regard to them, but this is altogether due to a misunderstanding. If there is any further information I can supply, please communicate with me."

#### THE PLEDGE.

We think that the Minister for Public Health cannot have read a copy of the objects printed

above, or the Pledge taken by the "Sisters," the opening sentence of which runs as follows:—

"We, the undersigned, gladly and freely offer one year, or more, of our lives for the service at home or abroad of nursing and tending sick and wounded, and we promise to obey cheerfully and readily all orders given to us by those in authority."

The Imperial military authorities at home, however, disapproved of the suggestion that

New Zealand should send a corps of uncertificated nurses, or first aid workers to base hospitals in Egypt or elsewhere, so that the well-meaning enthusiasts will presumably remain in the Dominion.

The fact is that the Medical Department of the War Office has already sanctioned the sending of several hundred untrained women to help in the hospitals in Egypt and at Malta, an arrangement which has caused great heart-burnings throughout the Territorial Force Nursing Service in the United Kingdom.

Hundreds of sick and wounded men are now coming to England from the Dardanelles to find themselves well provided with hospital care. Quite recently 100 Canadians were brought to the Duchess of Connaught's Hospital at Cliveden,

where there is now accommodation for nearly nine hundred patients. The wounded had a very cheering welcome from the spectators and were soon at rest in new garments in comfortable beds. The Canadian Red Cross is to be congratulated on the efficiency of its hospital work—including the nursing, of course. We hear that the cost all told of providing trained nurses from Canada, including work abroad, pans out at about £1 a day. This may surprise them.



Photo by Topical.]

MISS JANET ST. CLAIR.



## FRENCH FLAG NURSING CORPS.

The organisation of the administration of the Corps is now complete in Paris. Miss Grace Ellison, the Delegate of the French Ministry, and administrative head, resides at the Hotel Bedford, Rue de l'Arcade, and here the Committee have now secured an office, to which all Sisters can apply on all matters of either business or personal interest. Miss Haswell, the Matron-in-Chief, lives at the Folkestone Hotel, just round the corner, and attends daily at the office from 9.30 a.m., so that for the future all arrangements in connection with the work of the Corps will be expedited with as much dispatch as possible.

Miss Ellison is in constant communication with the French Ministry, and is indefatigable in her work for the best interests of the Sisters and their patients, and it is hoped we may announce at an early date certain privileges which she has secured for them. We must never forget, however, that the French Flag Nursing Corps is a pioneer corps, and that discomforts, if such exist, should be borne in the unselfish spirit of the pioneer. We are glad to note from personal observation that this spirit animates most of our excellent Sisters.

Quite recently Mrs. Fenwick has received from a Ministerial department in Paris a letter assuring her (in reply to her letter to the President of the Chamber) of the very sincere esteem in which the English Sisters are held in France, and that the desire to extend their number is a sure guarantee of the sentiment which animates the Government of the Republic in their appreciation of the great professional value and devotion of her compatriots.

Sir Thomas Barclay, "the man who made the Entente," takes a very lively interest in the work of the Corps, and during his visits to Paris is good enough to give advice on questions on which his opinion is invaluable.

We shall soon enter on our second year of work in French Military hospitals, and considering the cold water thrown on the scheme a year ago, and all the croaking prognostications concerning it, we can only rejoice that through the good sense and tenacity of the Sisters, the French Flag Nursing Corps has surmounted innumerable difficulties, and has won for British nursing a very high place in the estimation of our French Allies. "Here to Help," is our motto, and proud to be permitted to do so.

### EPERNAY.

We have not had very interesting work here, but I cannot say that we have not been useful. Our patients, up to the present, have been suffering from rheumatism in various forms and gastric

disorders. They are brought here directly from the trenches. The hospital is improvised in a cavalry barracks, and if any of the patients turn out to be seriously ill, or to have an infectious disease, they are sent elsewhere; but we nearly always have a number of acute rheumatisms, who, of course, require skilled nursing. At first, it was very difficult, because we had no nursing appliances whatever (there was one washing bowl for the whole hospital); but through the kindness of Madame la Vicomtesse de la Panouse we have been supplied with what we most urgently needed, such as enamelled bowls, sputum cups, ice bags, soap, &c.; and from the headquarters of the F.F.N.C., at Paris, we received a nice lot of shirts and towels. I had a good many of the shirts made to open at the sides, and they have been such a comfort to the acute rheumatic patients. The infirmiers have appreciated them also, and have realised what a great deal of suffering can be avoided by not having to drag on an ordinary shirt. We have also, by helping with toilettes and encouraging the infirmiers to fetch bowls of water for those who cannot get up to wash themselves, probably added to the comfort of the patients.

We are living in the barracks and, of course, the life is dull and rather lonely; the best way to be happy in it is to have some hobbies. I have learnt photography, which has been of untold pleasure to me; and I have taught it to Miss Gaudin, who is succeeding me as supervisor here. It is to her I am indebted for the photograph I enclose of one of our wards. The Zouave who appears in it has just returned from Germany, after ten months' captivity. He says he was fed on raw beet-root and raw herrings, so it is not surprising that he is suffering from gastric trouble. The corporal standing up is the head infirmier of one division. The infirmiers have been very amiable to work with; many of them are priests, and take it in turn to celebrate Mass at 8.0 a.m. on Sundays, which ceremony we have made it a practice to attend. M. le Médecin Chef and the whole of the medical staff, have been most congenial, helpful and appreciative.

The following gifts have been received at Ambulance 15, Epernay, from the Vicomtesse de la Panouse, President of the Croix Rouge Française Comité de Londres, and from Mrs. Holgate, Paris:—

FROM FRENCH RED CROSS (MADAME DE LA PANOUSE).—30 pillows, 50 pillow-slips, 24 enamelled patients' washing bowls, 24 enamelled dressing bowls, 6 Higginson's syringes, 2 hypodermic syringes, 6 sets cupping-glasses, 3 ice-bags, 1 box of wooden tongue depressors, 12 irrigation nozzles, 48 expectoration cups, 4 spirit lamps, 1 box of soap, 200 handkerchiefs.

FROM MRS. HOLGATE, HÔTEL D'ENNA, PARIS.—4 dozen towels, 12 dozen handkerchiefs, 1 dozen small pillows, 1 dozen small pillow slips, 3 dressing bowls, 1 packet of soap.

E. GREGORY.

## JOINT WAR COMMITTEE.

## HOME SERVICE.

The following Sisters have been deputed to duty in Home Hospitals:—

Baronsdown Red Cross Hospital, Lewes.—Mrs. Bentham.

V.A.D. Hospital, Hayling Island, Hants.—Mrs. Margaret Watson.

V.A.D. Hospital, Overcliff, Westgate-on-Sea.—Miss Gandy, Mrs. Rhodes.

Holly Bank, Wellington Road, Crowthorne.—Miss Morley.

Rushmore Hospital, Tollard Royal, Salisbury.—Miss Gillbee.

Highland Moor Hospital, Llandrindod Wells.—Miss C. Charlton.

Goddington, Ashford, Kent.—Mrs. H. Stevenson.

Bodlondeb Hospital, Bangor, N. Wales.—Miss G. S. Crawford.

Red Cross Hospital, Henley-on-Thames.—Miss E. John.

V.A.D. Hospital, Tisbury, Wilts.—Miss J. F. W. Lowe.

West Dene Hospital, St. Leonards-on-Sea.—Miss M. Whillier.

Tylney Hall, Witchfield, Hants.—Miss L. Osborn, Miss M. Morrison.

V.A.D. Hospital, Strood, Kent.—Miss A. M. Leslie.

129, Marine Parade, Brighton.—Miss A. C. M. Jameson.

King's Walden, Bury, near Hitchin.—Mrs. Lovell.

St. John's Hospital, 67, High Street, Fareham.—Miss L. M. P. Turley.

Red Cross Hospital, Netley.—Mrs. R. Maclean.

V.A.D. Hospital, Bicester, Oxon.—Mrs. Sherwen.

18, Cadogan Gardens, S.W.—Miss A. Hausson.

83, Portland Place, W.—Miss R. Ralph.

Auxiliary Military Hospital, Hardwick Mount, Buxton.—Miss E. Gray.

V.A.D. Hospital, Burnham-on-Crouch, Essex.—Mrs. Oughterson.

Temporary Hospital, Ashburn, Sunderland.—Miss A. M. Burnett.

Yarrow Military Hospital, Broadstairs.—Miss M. E. Leatherdale.

Albion House, Newbury.—Miss E. M. Dunne.

Princess Christian's Red Cross Hospital, Englefield Green.—Miss R. Lietti.

Auxiliary Military Hospital, Timberhurst, Bury.—Miss A. Cox.

Regent's Park Hospital, Southampton.—Miss Geoghegan.

Rushmoor, Salisbury.—Miss A. W. M. Sorrell.

Highlands Hospital, Shorth Heath, Farnham.—Miss C. Birch, Miss O. Upward.

Penworth Park, Feltham.—Miss W. Woodmansey.

The Convent, Rye.—Miss C. C. Wray.

Highfield Holme, Lynton, Hants.—Miss A. H. M. Jurgenslee.

V.A.D. Hospital, Pinner Place, Pinner.—Miss A. Haddon.

Red Cross Hospital, Station Road, Gillingham, Dorset.—Miss J. K. Turner, Miss L. McGregor.

Sandacres, Parkstone, Dorset.—Mrs. M. Walton.

Cheveley Park, Newmarket.—Miss F. J. Bee-forth.

Loversall Auxiliary Hospital, Doncaster.—Miss A. G. Dickson, Miss M. A. Nolacs.

Red Cross Auxiliary Hospital, Studley Court, Stourbridge.—Mrs. Scott Watson, Miss E. Curry.

Seaham Hall, Seaham Harbour, Sunderland.—Miss E. Skipper.

V.A.D. Hospital, Rosherville, Gravesend.—Miss S. S. Monteith.

V.A.D. Hospital, York.—Miss B. M. Aldridge.

Auxiliary Military Hospital, Percy House School, Isleworth.—Miss L. A. Charlton, Miss S. Payne, Miss F. E. Pike, Miss E. M. Villereux.

## ABROAD.

The following Sisters were sent to Alexandria last week: Miss E. Ryman Smith, Miss M. E. Graham, Miss E. G. Williams, Miss L. E. Walton, Miss F. J. Staple.

Six Sisters were sent to France, to replace those who have finished their year's contract.

The following is the Amended List of the Sisters who left for the Baltic and Corn Exchange Hosp.:—Miss C. A. M. Coates, Matron; Miss K. M. Moore, Senior Sister; Miss A. M. Hayes, Theatre Sister; Miss G. B. Oddy, Night Superintendent; Miss G. Ryder, X-Ray Sister; Miss C. Aitken, Miss H. Clarke, Miss H. Cottingham, Miss A. Davies, Miss J. M. East, Miss G. R. Godfrey, Miss V. E. Heward, Miss M. Harvey, Miss E. Hope, Miss A. Jenkins, Miss M. Kennedy, Miss A. Kennedy, Miss E. Law, Miss K. MacLennan, Miss F. Scales, Miss A. Stead, Miss A. E. Thomas, Mrs. A. Thompson, Miss R. Warden, Miss F. Watts, Miss E. Westnutt.

## CARE OF THE WOUNDED.

Queen Mary has graciously contributed £50 to Princess Victoria's Auxiliary Committee of ladies working on behalf of the Y.M.C.A. recreation huts at the base camps in France, which are proving such a boon to our men.

Many more doctors are required by the War Office for service with the troops. Accordingly a communication has been sent to the medical profession by the Government requesting one-third of all the doctors in the country under the age of 45 to volunteer their services between now and Christmas.

It is estimated that during the first twelve months of war, voluntary gifts to the value of at least £25,000,000 were made in money and kind in the United Kingdom alone, says the *Hospital Saturday Fund Journal*. These gifts do not seem to have diminished the permanent charities, some of which have received more than in years of peace.

M. Millerand, the French Minister for War, has introduced a Bill in the French Chamber, calling for the creation of a special medal, which is to be given to all those fighting at the Front. Those who have been dangerously wounded, will receive the medal with a special inscription. We need such recognition in England for our wonderful volunteers. We always salute the "blue," but our wounded well deserve reward.

The Duchess of Somerset, who has given most devoted service during the war, will be glad to take charge of any parcels intended for wounded in the hospitals at Malta and at the Dardanelles. Small pillows, socks, sheets, blankets, and bandages are urgently required; and if sent to 35, Grosvenor Square would be forwarded without any further trouble to those who contribute them.

We are glad to learn that the Actresses' Franchise League have dropped their scheme for a British Women's Hospital, in France, for which they required the public to subscribe £50,000. There has been much too much money solicited for organizing hospitals for the wounded by persons who know nothing of their management, but who with no expert knowledge assume entire control. Much money has thus been wasted, and no end of bickering and disorganization the result. Because a woman is a charming actress, is no reason why she should instantly, in time of war, become an expert nurse and domestic manager; and we congratulate our actresses and the French soldiers that they have postponed their particular effort for forming another Volunteer Hospital in France, and have decided to devote all their energies to support the scheme for converting the famous Star and Garter Hotel, at Richmond, into a home for the permanently disabled soldier and sailor at home.

We are glad to hear that Serbia's Day was a great success, and 3,000,000 flags were sold in London alone; and the donations were not confined to small coins. The Serbian Relief Fund should have quite a handsome sum in hand.

Progress is being made in the organisation of the Anglo-Russian Hospital, which it is proposed to establish as near the firing-line as possible, with a British medical and nursing staff, under the Russian Red Cross Society. It is hoped to secure sufficient funds to maintain for at least one year a hospital of 200 beds, for which enterprise £30,000 is required. The staff, it is suggested, should be composed of: Medical Staff, 8; dispenser, 1; mechanic, 1; Matron; Sisters, 8; Nurses, 22; chef, 1; orderlies, 75; including kitchen staff. Lady Muriel Paget is acting as Hon. Secretary to the scheme, and will proceed to Russia to consult the Russian Red Cross as soon as the scheme is sufficiently advanced.

Professor Bernard Pares, the official correspondent with the Russian armies in the field, has assured Lady Muriel that help from England will

be warmly received in Russia, as he is convinced that at this moment everything should be done to convince people that co-operation between the Allies is not only whole-hearted, but effective, and he welcomes any opportunity of helping the work of the Anglo-Russian *entente*.

At the request of the French military authorities a field hospital entirely staffed by women is to be established between the official military "Scottish Women's Hospital" at Royaumont and the firing line. It is desirable that this field hospital should be equipped with the very latest devices of science for the alleviation of the sufferings of the wounded and their rapid transport to the base hospitals.

It is intended, if possible, to attach to this field hospital a travelling X-Ray ambulance at a cost of £1,000.

## APPOINTMENTS.

### MATRON.

**Newton, Montgomery, County Infirmary.**—Miss A. Cragg has been appointed Matron. She was trained at the North Staffordshire Infirmary and Eye Hospital, Stoke-on-Trent, where she was Sister and Night Superintendent. She was also Sister at the Royal Victoria Hospital, Belfast, and Royal Hospital, Portsmouth; Matron of the Smiley Cottage Hospital, Larne, at the Cottage Hospital, Ledbury, and Temporary Matron at the Montgomery County Infirmary.

**Wells-next-Sea Cottage Hospital, Norfolk.**—Miss Halliwell has been appointed Matron. She was trained at Birmingham Infirmary, and has been Sister at Singapore General Hospital, Home Sister at Burnley Infirmary, and Matron at the Park Lane Nursing Home, Barnstable.

**Isolation Hospital, Stafford.**—Miss Elizabeth Rugg has been appointed Matron. She was trained at the Royal Infirmary, Huddersfield; and has been Charge Nurse at Stockton Infirmary; Sister at West Cumberland Infirmary; and is at present the Senior Sister at Fylde Joint Hospital, Lytham.

**Adamson College Hospital, Cupar.**—Miss Elaine de Ratkovski, a Russian, whose father was over forty years professor of languages in England, has taken up her duties as Interim Matron at the Adamson College Hospital, Cupar, in succession to Miss Munro resigned. Miss Martin, the Matron of the Hospital, is at present doing duty at Craighleith Hospital.

### ASSISTANT MATRON.

**Royal Edinburgh Asylum.**—Miss Martha Walker has been appointed Assistant Matron. She was trained at Inverness District Asylum, and the Hull Royal Infirmary, and has been Sister and Night Superintendent at the latter hospital.

### NIGHT SISTER.

**Royal Liverpool County Hospital for Children, Heswall, Cheshire.**—Miss Annie Whiteley has been appointed Night Sister. She was trained at

Stepping Hill Hospital, Stockport, and has been Sister at North Brierley Infirmary, and Home Sister at Gloucester Union Infirmary.

#### SISTER.

**The County Hospital, York.**—Miss S. Gosling and Miss E. Taylor have been appointed Sisters. Both were trained at the General Hospital, Rotherham. Miss Gosling has been Sister at the Victoria Children's Hospital, Hull, and Miss Taylor Sister at the General Infirmary, Worcester.

#### SUPERINTENDENT NURSE.

**Kidderminster Union.**—Miss Louisa Reilly has been appointed Superintendent Nurse. She was trained at St. George's Infirmary, Fulham; and has been Charge Nurse at the Park Hospital, London; Sister at Portsmouth Infirmary; and Night Superintendent at Preston Union.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE.

##### TRANSFERS AND APPOINTMENTS.

Miss Mary E. Cardew is appointed to Rawmarsh and Parkgate; Miss Florence V. Conroy, to Accrington; Miss Evelyn Impey, to Hereford; Mrs. Isabella Jefferson, to Rawmarsh and Parkgate; Miss Marion Moore, to Willenhall; Miss Clara M. Parker, to Willenhall; Miss May Thomas, to Sevenoaks; Miss Sarah E. Vaughan, to Beccles; Miss Frances R. Walter, to Buxton, as Senior Nurse.

The following Nightingale Nurses left England on Sunday last to supplement the staff of Mrs. St. Clair Stobart's hospital in Serbia:—Miss A. Gambier, Miss L. Henley, Miss E. M. Hall, Miss M. Price, Miss F. Smith Lewis, Miss I. M. R. Stewart.

#### TRUE TALES AND A MORAL.

*Head Mistress* of girls' school, to pupils: I am glad to be able to tell you, Mary, that the Council has awarded you a scholarship for £50 for three years, which will be a substantial help to you at Nuneham.

You, Mildred, have much pleased your masters, and will begin your musical career with every hope of success. I am glad to say that in the recent Cambridge Local Examination all our girls but one have passed, most with distinction, and we may regard their futures as assured.

#### THE FAILURE.

Amy Robinson, you have failed once more and you are now too old to go up again, which will make it very difficult for you to earn a living. Have you considered what you mean to do?

Amy (despondently): I shall go to be trained as a nurse.

*Head Mistress*: Yes, that might do; but I didn't know you cared about sick people.

Amy (energetically): I don't, I hate them; but what else is there left?

#### EXIT PUPILS.

*Head Mistress*: Poor Amy! What a blessing it is there is one profession which is a rubbish shoot for the incompetents.

## NURSING ECHOES.

We announce with regret that for the first time since the Prize Competitions were instituted not one reply has been received by the Editor in answer to the simple question: "Tell what you know of any new hospital treatment." Nurses out of hospital are always being reminded how rusty they become owing to the rapid strides made by new treatments in hospitals. We are open to receive articles on these methods.

Many nurses are looking forward to the Valedictory Meetings of the Nurses' Missionary League, to be held on Friday, October 1st, at University Hall, Gordon Square, W.C. The addresses promise to be of unusual interest.

The late Mr. Charles H. Goschen left Miss Mary J. Cormack £350 and an annuity of £100 "as a mark of my gratitude for her kind nursing for many years."

The Americans are doing no end of pioneer work in this great war. Miss Helen Scott Hay is in Sofia helping the Queen of Bulgaria to organize a real school of nursing, and now we learn that Mrs. Maud H. Metcalf and Miss Grace E. Utley, of New York City, are in Serbia assisting two women physicians in organizing infant welfare work.

Miss Rosa Willson writes in the *American Journal of Nursing* on "The Magic Tray":—

"What do you do with the child-patient whose languid appetite cannot be coaxed by even the daintiest dishes? One ingenious nurse, who recently came under my notice, solved the problem quite cleverly. The little convalescent was peevish and irritable, tired of the sick room, and indifferent to the tasty lunches. A few days later, the hours between meal times were counted impatiently, and the food was eaten promptly and happily.

"The change was accomplished through the aid of a Magic Tray. Of course, a story came first—all children respond to the story stimulus—a story of the Fairy Good Health, who had sent this wonderful tray to the tired little Pale Face, and very eager and interested was the little diner when the tray first made its appearance. The tray itself was simply a variation of the prevalent idea, having a large oval frame with a securely fastened glass and removable, cretonne-covered back. Under the glass, face up, were a goodly array of coloured plates from



a magazine, showing bears, elephants, circus ponies, clowns, &c. On the tray lay scissors, a paste bottle, and a home-made scrap-book with gray leaves. *Of course* the tray could not be turned over to get the pictures until the bowl of broth was emptied and the crackers, milk, and fruit disposed of. During the brief meal the nurse recalled and told many bright and funny circus 'stunts,' and later she helped the little one cut and paste, watching carefully for signs of weariness.

"Even with a minimum of expense, the variety of charms which one may fit into a Magic Tray are practically endless, but always they must be reserved until the tray is emptied. Sometimes there is a story, half hidden behind a mask; funny cartoons, with tissue paper for tracing; simple outline sketches to be coloured; cardboard figures to trace around; sewing cards; raffia weaving; beads to string; dissected pictures and all sorts of flat puzzles; patterns of pasteboard furniture; frequently a letter from some little friend or understanding grown-up; once there was a great array of toothpicks with a cup of soaked peas on top of the tray, from which one could build amazing stick-and-pea houses and furniture; once a set of jack straws and again a set of grotesque Old Maid cards for a jolly game with nurse; blank writing paper or cards to be written on and sent to friends; once an invitation from the Soapbubble Fairy to attend her party that afternoon; gay cords which nurse helped to weave into crow's feet, cat's cradles, snow fences and wood saws by delightful finger play, using the hands for a loom.

" 'She is such a successful nurse,' I hear them say. Is it not because she does personal and original work, giving of herself freely as well as of her time? To such, success comes well deserved."

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The Executive Committee of the Irish Nurses' Association will meet on October 2nd to arrange its programme for a Course of Lectures, and to appoint a Secretary, as, owing to family reasons, Mrs. Jeffers has resigned the appointment.

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The King has been cheering up the wounded at the Second Northern General Hospital, Leeds. He told them, "I am very glad to be with you here to-day. I wish to say how proud I am of the way in which you have done your duty, both in France and at the Dardanelles. I trust you will soon be restored to health, and go back to your friends and your homes."

## A RED CROSS HOSPITAL.

BY THE SISTER-IN-CHARGE.

In a recent account of a Red Cross hospital I saw it was stated that it was *worked entirely by the local V. A. Detachment with trained help* (the italics are mine) and I could not but think that this description is typical of the attitude taken up by V.A.D. officials, and is responsible for confusion and in some cases much friction. Surely any hospital should be *managed* by trained and experienced workers *assisted* by beginners or volunteers; but unfortunately, trained nurses are not in a position to promote and equip the temporary hospitals so much needed at the present time. The ideal state of affairs would be for women of wealth and influence to equip and help to support such institutions while leaving the management to competent people; perhaps this, however, is too much to expect of human nature, and the trained nurse who is called in to assist the amateurs must face her new experience with tact and the saving grace of humour. For my part I have found much happiness in ministering to the patients and have a rich reward in seeing them regain health of mind and body.

In the hospital of which I am Sister-in-Charge, the staff includes the Commandant (young and untrained), the Lady Superintendent and Night Sister (both trained before marriage many years ago), the Quartermaster (untrained), a number of V.A.D. nurses and cooks, a housemaid, kitchen-maid, porter and boy. All with the exception of the servants and myself, give their services, and I think there is great honour due to the girls of gentle birth who come in to sweep and polish and scrub, for they have not the hope of a good certificate to be earned—a hope which helps many probationers to struggle with unaccustomed drudgery during their first year in a civil hospital. Our V.A.D.'s include the wives and daughters of county magnates, of farmers, tradesmen, gardeners and coachmen, a queer jumble, especially when it happens that a daughter and a servant come from the same house to be treated for a brief time as equals. We dine together, and the dining-room is our only sitting-room. No office or duty-room was provided for me, while my bedroom was so tiny and without a fireplace, that I could not use it much in the day-time. This, in itself, is a proof of the subordinate position I was expected to fill in spite of my imposing title. After a short time I pointed out to the Commandant that it was unusual for a Sister to sit with the junior members of the staff, and somewhat trying to them and to me, and I was then given permission to use her office when on duty. To me, naturally, all V.A.D.'s are much the same as probationers would be, though at first I was shown very little respect as their senior officer, and I felt they thought a paid worker of less account than "lady nurses" and "lady cooks," but I am glad to say that feeling has worn away; I try to be quite fair and just, to treat them all alike,

taking no notice of their varying social positions, and the result, on the whole, has been satisfactory.

The only resident members of our staff are the Night Sister and myself, the Head Cook and the servants, though we can accommodate two or three other helpers if their homes are too far away to be of use. The fact that I am the only Senior living on the premises has both advantages and disadvantages. On the one hand it makes me virtually, though not nominally, the head of the hospital; seeing me there so much, the men make most of their requests to me, and I have to settle any emergency that arises as there is seldom a chance of consulting anyone else at the moment. On the other hand, I have longer hours than is usual, as I have to be on duty early every morning and late every evening (the Lady Superintendent only being able to relieve me at stated hours) and I can never get a half-holiday.

The Lady Superintendent comes daily, and on three afternoons in the week she relieves me from 2-7 p.m., and occasionally on Sundays for two or three hours; I am on duty all day during the remainder of the week. The Commandant and Quartermaster come daily for two or three hours and possibly may do secretarial work in their respective homes.

The V.A.D.'s have a long day and a short day alternately; on their long day they are on duty from 8.30 a.m. to 7.30 p.m., and on their short day they have only about four hours' work. I should prefer to give them three or four hours' rest every day, as being better for their health, but the Commandant and Lady Superintendent assure me it is impossible where members live far from the hospital. They are allowed to come for a week, a fortnight, or a month at a time, according to their home circumstances. I find that a week is of little value except that a share of the cleaning is done, as a nurse hardly knows the patients by name in that time; those who come for a month become very useful. For our thirty patients we have six V.A.D. nurses and three cooks at one time; two of the six nurses are chosen every week to help me with the dressings, and they take great pride in the sterilizing room where they mix lotions, make sponges, cut and sterilize dressings and prepare every day a supply of boiled water, both hot and cold; they also learn to apply fomentations, to help me with other dressings and to prepare both room and patient for operations. Meanwhile, the other four are busy with ward, bathroom and pantry work, but they look forward keenly to their week as surgical "nurses."

I have used the word nurse as a convenience in this little account, but I am not allowed to address the members of the V.A.D. in that way, our Commandant having an objection to the word as applied to voluntary workers. The patients call everyone in uniform "Sister," giving me the distinctive title of "Head Sister," but I do not feel it practicable to follow their example so we have fallen back on "Mrs." and "Miss" though realizing that it sounds very unsuitable, especially during Doctors' rounds or at operations.

## REGISTRATION IN SOUTH AFRICA.

The *South African Nursing Record* publishes some information with regard to registration which will be of interest to any English nurses who are thinking of going out to the Union to work. Any nurse not trained or registered in the country must write to the Secretary of the Medical Union of the Province in which she wants to register, must sign a declaration of identity form declaring that she is the person referred to on the certificate she encloses, and must produce the original of her certificate of qualification from training school or examining body. It is essential that the certificate should state that it has been granted after examination; and if there is not a distinct statement to that effect on the certificate, the nurse must produce evidence in a letter from the Secretary of the school granting the certificate, or from one of the examiners, that it was granted after examination. The Cape Provincial Medical Council has decided to allow holders of the certificate of the Medico-Psychological Association of Great Britain to register in Cape Province without requiring them to pass any other examination. Hitherto, while allowing those who had passed this examination in other parts of South Africa to register, the Council has insisted that none but its own authorised examination should be recognised in the Province.

Reciprocity of registration between the United Kingdom and its Dominions should be provided for in every Registration Bill; but unless it is based on defined standards of training, education, and examination, registration becomes a farce. There is no recognised security of teaching for the nurse, and no safeguard for the public.

This is happening in Cape Colony, and it is high time that the Nurses' Registration authorities in the South African States were composed of reliable nurse representatives, who will insist on a just system for South African nurses in any scheme of reciprocity adopted.

## THREE CHEERS FOR SUNNY ALBERTA.

The Government of the Canadian province of Alberta have decided unanimously to adopt equal suffrage for men and women at the next session of the Legislature.

Alberta will be the first of Canadian provinces to introduce female suffrage. Saskatchewan and Manitoba are expected shortly to follow Alberta's example.

As the daughter Dominions shed their shackles, the sex disqualifications in old Mother England become more and more impossible to enforce. Three cheers for sunny Alberta!

## AN UNREASONABLE PROTEST.

Mr. Peto recently asked the Under Secretary for the Home Department, in the House of Commons, whether his attention had been called to the question of the employment of female nurses in charge of male insane patients; whether this employment had been adopted by some asylum authorities and was approved by the Board of Control; and whether he would take into consideration the protest of the National Asylum Workers' Union in respect of it.—Mr. Brace answered: For many years women have been employed in some asylums in nursing male patients who are not dangerous or otherwise unfitted for female care, and provided that precautions are taken the practice is approved by the Board of Control who found its results satisfactory. Since the outbreak of the war, in consequence of the difficulty of obtaining suitable male substitutes to replace attendants who have joined the forces, there has been some extension of the practice, but in every case within proper limits, and without harmful results. Careful consideration has been given to the representations of the National Asylum Workers' Union, but the Secretary of State regrets that he is unable to comply with their request that he should ask asylum authorities to discontinue the practice.

## OUR FOREIGN LETTER.

DEAR EDITOR,—I have this morning been one of a crowd assembled at the Canadian Pacific Docks to wish the doctors, nurses and orderlies of the Victoria Contingent "God speed," on their departure for the Old Country, *en route* for the Front.

A noble band, consisting of thirty-five doctors, seventy-two nurses, and—I believe—three hundred orderlies!

Many of the Nurses were staying at the Alexandra Club when I arrived there from a visit up country, and I was much struck by the look of health and self-reliance in their faces, and general bearing; and to-day, when I watched them march on board, ahead of the orderlies, I became more than ever convinced that the training a woman receives before she enters hospital is the training that spells for success in her career after she obtains her certificate.

To quote from the *Daily Colonist*: "Splendidly equipped with nursing knowledge, proficient in experience" and, adds the editor, "Morally strong, physically perfect young women."

That is how the march past struck me—Physically perfect young women."

What a splendid foundation on which to build the modern nurse!

Why does she differ from her English sister? and why will she outlast her English sister in times of strain and stress?

My recent experiences up country have given me the clue.

The girls of Canada live an outdoor life. You may answer that many do so at home, and quote the love of games that occupies so much the time and thoughts of the well-to-do girl of modern times; but the Canadian girl lives out of doors, because her *work* takes her there, and when she is kept indoors, it is by domestic work, which develops and strengthens her muscles, whilst her mind is stored with useful knowledge and practical experience in all household arts that will be of practical benefit to every patient she may tend in the future.

In Canada many girls, at an early age, can milk a cow and groom a horse; and almost every girl can ride—and very smart and pretty they look mounted astride on any animal that comes handy, whilst the young girl's management of a motor car fills one with admiration!

I wish I could have snap-shotted for the JOURNAL a motorist I encountered lately on a lonely by-road by moonlight. She made such a pretty picture!

The rough, unmade road wound up and down hill through pine woods, lit up by a glorious harvest moon! I sat on a log, admiring the scene, when the young motorist passed me, guiding the car with one hand and holding on to a stack of lumber laid across the body of the car! She was helping father or brother in the work of clearing the land!

Out here women do their share in the home and out of it! The time spent at home on golf and hockey, out here goes in bread-making and cooking; and then there is the poultry yard to be looked after and the fruit to be picked for market or made into jam at home; but when there is a lull in the work and the men a little free, a picnic on the lake or a ride across country is enjoyed with a zest known only to the worker. This grand all-round practical knowledge, gained whilst young, in healthy surroundings, fits and enables a girl to grapple with and succeed in any career she may choose in life.

Now is the chance for the girls of England to follow the example of their Canadian sisters!

The men are fighting for us; they have left the land, and the land is crying out for help; and the work the land offers is *not* beyond a woman's strength and general capacity. *Only* she must make up her mind to face the fact that what the land requires is work, work, work; and that body, soul and spirit must be offered to the work. In a word, the work must be idealized if it is to succeed; but if taken up *in that spirit* it will succeed!

The harvest will be a rich one, and the worker's life a happy one!

The Alexandra Club,  
Victoria, B.C.

ANNIE E. HULME.

The friends of Miss Hulme and Miss Kent begin to wonder if they will ever return, they appear to be so much in love with the "other side."

## BOOK OF THE WEEK.

## "WHOSE NAME IS LEGION."\*

Those of our readers who have any interest in the occult, we guarantee will be deeply absorbed in this work. It is not the first time that this subtle theme has been woven into a romance, for we believe we are right in saying that the talented Benson brothers have more than once dealt with it from the same standpoint. Nevertheless, the conception of "Whose Name is Legion" is powerful, dramatic and enthralling. How far the unseen can be brought into communication with humanity it would be idle for us to conjecture. In a contemporary newspaper of last week, Mr. Andrew Lang is reported to have said, after much investigation, "Some people undoubtedly see spooks"; beyond that he would not go.

At any rate, the moral drawn from the book under consideration is a wholesome one, namely, that there is a "Watcher at the Gate" of the soul, and that those who curiously and wantonly open the gate to pry into forbidden places may find that those "whose name is Legion" will enter in and dwell there. The terrible fate of pretty Miss Blair, we can well believe, might be the result of such practices.

The fact that this work is written from a Roman Catholic point of view does not materially alter its general interest, for we believe that all Christian creeds will agree in condemning such a dangerous practice, and should dire results follow the breaking down of barriers, we think that most thoughtful persons will assent that the casting out of devils must be by spiritual means.

The opening scene is laid in a country house, where there is gathered a house party which is ill-assorted.

Certain of these people are convinced Spiritualists, carrying on their séances in secret. Mrs. Blair, the hostess, is the young widow of a devout Roman Catholic, whose only son is left to the guardianship of Father Benedict. It is therefore with consternation that Mrs. Blair learns of the intention of her stepson and the priest to join the house party. There are others of the party who are in no way mixed up in these dark doings, but pretty Pamela and her cousin Billy are over-persuaded to attend a séance on the ground that the medium had refused to speak till they were present.

The consequences were dire, and Pamela received a shock to her nervous system which it takes her long to recover from. She confides in the priest, who, by virtue of his trusteeship, clears the house of Mrs. Blair and her friends. Pamela is engaged to Ralph Mellish, a man twenty years older than herself, who has a most beautiful home in Africa. Before her terrible experience at

Feddon Hall, Pamela had looked forward with eager anticipation to her new life, but afterwards she had an unreasoning reluctance to go.

Ralph has for his near neighbour a wealthy Arab—Aziz. His long residence in the East, and reasons which his wife cannot fathom (but which are closely connected with her spiritualistic experiences), have given rise to an intimacy between him and his neighbour. This offends Pamela's European instincts. From the first day of her home-coming she feels that there are evil influences at work in the surroundings, and that her husband is in some way dominated by them.

Her uneasiness is replaced by terror when she comes to know that Professor Scudamore, the renowned Spiritualist, who was the conductor in the séance at Feddon Hall, was a guest in the house of Aziz.

The only escape from the horrors that obsessed her seemed to lie in seeking the consolations of religion. To this end she is received into the Roman Communion. Ralph, instead of opposing this, seems relieved that it should be so, and is inclined to listen to Pamela's wish that he should follow in her steps.

She urges him to make the acquaintance of Father Benedict. "Life and death must be simple things to a man like that," said Ralph thoughtfully. "He has probably never been—been into outer darkness. He can have no conception of what it is like. . . . for the soul that is still there."

"I think he would understand," she said, though his words gave her a little chill of fear."

Poor Ralph pays the penalty of his dabbling in occultism, and though he is restored to sanity and wholesome outlook, it is not for long. He dies a tragic death in trying to save his wife from his burning house. Apart from its central interest, the descriptions of Africa and its strange fascination make this a remarkable book.

H. H.

## COMING EVENTS.

October 1st.—Nurses' Missionary League. Valedictory Meetings, University Hall, Gordon Square, W.C. Sessions 9.30 a.m. to 9.30 p.m.

October 5th to 7th.—National Union of Women Workers of Great Britain and Ireland. The Annual Conference and Council Meetings, Central Hall, Westminster, 10.30 a.m. and 2.30 p.m. Mrs. Creighton, President.

October 5th to 8th.—Gresham Lectures. Four Lectures will be delivered on Typhus Fever, and Cerebro-spinal Meningitis by Professor F. M. Sandwith, M.D., at the Gresham College, Basinghall Street, E.C. Free to the public. 6 p.m.

October 5th.—National Association for Prevention of Infant Mortality. A special course of Lectures on Infant Care.

October 7th.—Central Midwives Board. Monthly meeting. 3.30 p.m.

\* By Isabel C. Clarke. Hutchinson & Co., London.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### NEW ZEALAND NURSES OBJECT TO UNSKILLED HANDLING FOR WOUNDED ANZACS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I enclose my subscription for THE BRITISH JOURNAL OF NURSING, which I appreciate more and more as time goes on. I feel strongly that nurses can never be sufficiently grateful for all that has been done by its editor to uphold their profession against all opposition. I am forwarding to you reports of the movement in New Zealand to send untrained women to the front, and am glad to say that so far the scheme has not succeeded. New Zealand can supply many more trained nurses if they are required, and our Association (the New Zealand Trained Nurses' Association) has assured the Minister for Hospitals at Wellington that at present there is no need to place our sick and wounded in any but capable hands.

Yours faithfully,

J. MELITA JONES, R.N.

Hon. Sec. Central Council N.Z.T.N.A.

[We deal with this question under "Nursing and the War." The suggestion that New Zealand should send a corps of uncertificated nurses or first aid workers to base hospitals in Egypt or elsewhere has been disapproved by the Imperial Military Authorities, who have already sent hundreds from England. In New Zealand the trained nurses are registered by the State, and their protest has received due recognition.—Ed.]

### WHY SISTER?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—“A Mere Woman” is right, in resenting the snobbish attitude of voluntary workers in Red Cross organization towards the “paid nurse!” The question is—What is the country paying for? In my opinion, highly skilled supplementary medical and surgical skill—work, without which that of the medical profession in war would inevitably be waste labour. We do not hear of voluntary male workers in Red Cross work—and they are doing great service in many directions—talking about “paid doctors,” or assuming their dearly won professional titles. But the snobocracy of women, from the peerage to the mill hand, who profess to help the wounded are imbued with this contempt for the skilled work of the trained nurse, because, forsooth they give their work, and the trained nurse is paid. After all, what do they give but unskilled help, for which they have never paid a cent for efficient

training, and is often not worth a bawbee. I am working in a Red Cross hospital, where the untrained Commandant—a girl young enough to be my daughter—insists upon all the “volunteers” being called “Sister,” whether titled dames or domestics. *I won't do it, and I advise certificated nurses to protest against the custom.*

Yours truly,

A SISTER OF TEN YEARS' STANDING.

### FOR VALOUR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Every word of your article on the Air Raid was welcomed in this hospital, where during the bombardment the patients suffered greatly from shock, and the nurses behaved superbly *under fire*—as they always do. We are wondering if, owing to the “hush policy,” the courage of the nursing staff will be quietly ignored, and nothing in the way of Royal Red Crosses come our way. The assistant matron of this hospital, who was on duty on the night of the raid, and who was a splendid example to the whole staff, well deserves a decoration from the Fount of All Honour, when next he is giving out rewards “for valour.”

Yours sincerely,

JUSTICE.

### COME AND HELP.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—One of the most important resolutions to be proposed and considered by the National Council of Women of Great Britain and Ireland, at its annual meeting on October 5th, is that on Poor Law Nursing, when Miss Gibson will urge that the Local Government Board shall establish a Nursing Service, by which means, not only would the supply of nurses be efficiently regulated, but a status be given to Poor Law Nursing. Those of us who have worked on for many years and seen decided improvements in Poor Law institutions, feel strongly that we must have the active initiative of the Local Government Board if further improvements are to take place. Such initiative is due to the memory of that sainted woman, Agnes Jones.

Yours truly,

A POOR LAW MATRON.

### OUR PRIZE COMPETITIONS.

October 6th.—What is preventive nursing, and how can it be employed for the good of the community?

October 16th.—Describe the most modern methods of treating Hip Disease.

October 27th.—What is a “saline” (saline fluid); give its uses, and describe the method of giving a rectal saline?

October 30th.—State briefly what you know of the symptoms and treatment of Thrush, Snuffles and Convulsions in the newly-born.

# The Midwife.

## INFANT CARE FOR NURSES AND MIDWIVES.

The special course of Lectures on Infant Care, arranged by the National Association for the Prevention of Infant Mortality, to be held at 1, Wimpole Street, W., opens on October 1st, at the Royal College of Surgeons, Lincoln's Inn Fields, W.C.; and the following syllabus shows the wide extent of their usefulness:—

### SYLLABUS OF LECTURES.

October 5th.—“The Development of the Fœtus. Normal and Abnormal.” By Arthur Keith, Esq., M.D. (Aberdeen), F.R.C.S., Hunterian Professor, Royal College of Surgeons. (Please note that this lecture, and this one only, will be given in the Theatre of the Royal College of Surgeons, Lincoln's Inn Fields, W.C., instead of at the Royal Society of Medicine.)

October 12th.—“Threatened Abortion: The Midwife's Responsibilities and Duties.” By Amand Routh, Esq., M.D., F.R.C.P., Consulting Obstetric Physician, Charing Cross Hospital.

October 19th.—“Venereal Disease in Relation to Still-Birth and Infant Mortality.” By Eardley Holland, Esq., M.D., M.R.C.P., Physician, City of London Lying-in Hospital.

October 26th.—“Ante-Natal Hygiene.” By Mrs. Florence Willey, M.D., Assistant Physician, Diseases of Women, Royal Free Hospital.

November 2nd.—“The Care of the New-Born Child.” By Eric Pritchard, Esq., M.A., M.D., M.R.C.P., Physician, Queen's Hospital for Children.

November 9th.—“Problems in Breast-Feeding.” By David Forsyth, Esq., M.D., F.R.C.P., Physician, Evelina Hospital for Children.

November 16th.—“Problems in Artificial Feeding.” By Frederick Langmead, Esq., M.D., F.R.C.P., Assistant Physician, Great Ormond Street Hospital for Sick Children.

November 23rd.—“Nutritional Disorders in Infants and Young Children.” By H. C. Cameron, Esq., M.A., M.D., F.R.C.P., Dean of the Medical School, Guy's Hospital.

November 30th.—“Infectious Diseases.” By John Rolleston, Esq., M.A., M.D., Medical Superintendent, Fever Hospital, Tooting.

December 7th.—“Milk and Artificial Foods.” By W. G. Savage, Esq., M.D., M.R.C.S., County Medical Officer of Health, Somersetshire.

December 14th.—“The Prevention of Ear Disease in Children under School Age.” By Macleod Yearsley, Esq., F.R.C.S., Senior Surgeon, Royal Ear Hospital.

December 21st.—“The Prevention of Eye Disease in Children under School Age.” By E. Treacher Collins, Esq., F.R.C.S., Surgeon, Royal London Ophthalmic Hospital.

## INFANT HEALTH.\*

A useful little manual on “Infant Health” is that by Miss J. (Shawnet) Cameron MacMillan, a certified midwife and an Associate of the Royal Sanitary Institute, Inspector of Midwives, and Health Visitor at Oxford. It is intended as a manual for district visitors, nurses, and mothers, and the author states that the material was got together originally for the purpose of giving a course of instruction to Voluntary Health Visitors, and the lectures have been delivered both in Aberdeen, under the control and supervision of the Medical Officer of Health, and in Oxford, with the approval of the M.O.H. and under the auspices of the Oxford Health Committee.

Sir William Osler, Regius Professor of Medicine at Oxford, who contributes a Foreword, characterises the manual as full of sound knowledge and common sense, and says that it is not easy to give just the needed amount of information on health subjects, but Miss MacMillan has found the happy mean between a technical treatise and a popular handbook, and adds that she has done splendid work in Oxford.

In her introduction Miss MacMillan writes that “the ignorant and unsympathetic tell us that there is a great deal of unnecessary fuss made to-day about mothers and their babies. We are asked how our mothers and grandmothers managed and at the same time we are told that child-bearing is a natural function. The answer to the first is that the conditions of life generally have changed very rapidly, and we find ourselves faced by a new set of circumstances. To the second we would reply that we hardly ever find perfectly healthy parents combined with ideal circumstances, and though child-bearing is a natural function, it is always attended with some risk.”

The first chapter is concerned with details of elementary anatomy with which midwives and nurses should already be conversant, the value of which is increased by numerous excellent illustrations. Next we have a chapter dealing with the mother's management of her health during the ante-natal period, her preparation for confinement, and rest after confinement.

Of the mother's meals, so important if her health is to be maintained, we read: “It is not easy for the mother to get her meals in comfort. She has to look after everybody else, and she gets her food in haphazard fashion, or not at all. By taking some extra trouble, things might be improved. The mother might try to get her meal

\* Henry Frowde and Hodder & Stoughton, Oxford Press Warehouse, Falcon Square, London, E.C. 2s. net.

before the rest of the family, or it might be put on a plate and kept hot, and she could have it after the others have gone. The dinner time is the most difficult time to plan for. If the mother is to keep well she must be decently fed, and to get the good of the food she should be able to eat it in such a way that it has a chance of digesting.

"Milk gives a very good return. When supplied for a mother the difficulty in this case is (as in the case of all food sent in for the mother) will the mother use it for herself if it goes into the house? Many mothers will go to a dairy (it must be near their home) and drink a glass of milk once or twice a day—personally, I have found this plan answer best—when they would not go for a dinner. When the order is given for the milk it must be clearly written down. If this is not done you will find some of your people will ask those in charge of the dairy to give biscuits, or sweets, or lemonade rather than the milk you wish them to have. I have learned this from experience."

Another important point dealt with is the mother's teeth. "However plentiful or good food may be, it will be spoilt by a dirty mouth. . . . There is a constant flow of offensive and poisonous fluid from decaying teeth, and this undermines the general health very quickly. A pregnant mother can do a great deal for the expected baby's bones and teeth if she will take porridge regularly, and also oat-cake. There is something in oatmeal that helps to form good bones and teeth that it seems impossible to get from any other food. Dentists recognise this fact."

"Rest is very much required, but it is almost impossible for a busy mother to get it. Where the mother can arrange to lie down on a bed or couch, even for ten minutes, she feels very much rested. If she can have a longer rest so much the better."

The outline of the stomach of a newly-born infant, drawn the actual size, is a very necessary illustration, when we remember that some mothers believe that their babies are "all fuller," and feed them accordingly.

The keeping of milk, in cases where an infant is fed artificially, the hygiene of infancy, including "the order of the bath," teething, and other important questions, are dealt with.

Some useful hints are given as to the qualifications for a health visitor (the foundation of whose work is the baby) and concerning her relations with her committee, and the Appendix usefully includes the Circular issued to County Councils and Sanitary Authorities by the Local Government Board on Maternity and Child Welfare, with a Memorandum embodying a scheme on the same subject, and a Memorandum in regard to the regulations for the payment of grants to Schools for Mothers, and a Schedule containing heads of information asked for in the form of Application for Grant under the Regulations for Schools for Mothers for the year ending March 31st, 1915, both issued by the Board of Education.

This little book, simple and unassuming, but practical in its scope, should be very useful to the classes it is designed to benefit.

## THE EYES OF THE NEWLY BORN.

A Certified Midwife writes:—

"I was very interested in Dr. Alger's article, 'What can Nurses do to Prevent Blindness?' published in your last issue. At the same time, I think one is bound to remember that there is a definite difference of opinion amongst experts, keenly interested in safeguarding the sight of infants, and alive to the danger of ophthalmia in the newly born, on the subject of the use of prophylactic drops as a routine practice.

"The Central Midwives' Board, for instance, which controls the practice of midwives in England and Wales, does not enforce, or recommend as advisable, the routine instillation of prophylactic drops into the eyes of a newly-born infant; but strictly enforces its rule that any inflammation, or discharge from the eyes of a newly-born infant, however slight, during the ten days that the midwife is in charge, shall be reported at once to a medical practitioner. The presence of disease is thus at once detected and brought under medical treatment. To instil a strong solution into every baby's eyes—and any other is ineffective in the presence of active disease—is to submit them to the risk of inflammation caused by the prophylactic agent, and further the assumption is that every newly born baby's eyes are infected—a very big assumption, indeed.

"If the babies are carefully watched, it is, in my opinion, with all submission, best to treat disease when it shows itself, and not to presuppose that all babies need treatment."

## WAR-TIME INTERCESSIONS.

### TO NURSES AND MIDWIVES.

A series of War-Time Intercession Services has been arranged by the Church League for Women's Suffrage. The Services will be held monthly on Saturday afternoons, and the first will take place at Southwark Cathedral, on October 9th, and will be conducted by the Lord Bishop of Southwark, who will also preach.

All the other services will be held at St. Martin-in-the-Fields, and the preacher on November 6th will be the Lord Bishop of the Diocese. Dr. Scott Holland will preach at the December service, and their Lordships the Bishops of Lichfield, Stepney, and Willesden have consented to preach in the first three months of 1916. These services are open to all, and the time 3 o'clock on Saturday afternoons—was chosen in the hope that it would afford an opportunity to men and women of "all sorts and conditions" to take part.

We feel sure many nurses and midwives will appreciate the opportunity of attending such services.

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### TEA-TRAYS.

Our dictionaries define a patriot as "one who loves his country, and is devoted to its interests."

We are all apt to become a little unbalanced just now, with all the talk of patriotism. It is well that we should pause and ask ourselves, if we are true patriots? In other words—are we willing to be used for our country in the way that it most needs us?

Red Cross societies are bombarded with applications from nurses eager to go to the Front.

Often, they have succeeded like the importunate widow, and gone off in triumph regardless of their unsuitability for the work as to health, experience, ignorance of language—regardless also of the obligations they leave behind.

Patriots! Of course they are!

Or take the V.A.D. movement. Who can doubt their patriotism? Who can doubt their enthusiasm for nursing? We heard lately from a V.A.D. with a sense of humour, that in a certain hospital there was much heart-burning amongst herself and her colleagues as to who should take up the solitary tea-tray to a patient.

We observe them up and down the country taking joy rides with their blue-coated charges. Of course this is patriotism! no mistaking it! But we venture to think that some of this energy might be directed into other useful and appropriate channels. Only this week a notice appeared in one of the dailies "that it was resolved at Southampton (presumably a Poor Law Infirmary) to reduce the number of Sisters owing to the shortage of nurses, and to employ patients to nurse those not requiring much active assistance." Poor old things!

There would be scope here for unlimited tea-trays!

Would it not be a work of the truest patriotism, if the very numerous young women who now crowd the ranks of the V.A.D. were to offer themselves as probationers in Poor Law institutions, to make good the leakage of trained nurses who have gone to the Front?

Think what the ministrations of young, bright, educated girls would mean to that saddest of all classes of sufferers, the chronic invalid. What joy and gladness they could bring to those dull lives if *only* they could be persuaded that the Tommies could spare them.

Or to come back to our trained nurses. What becomes of those whose applications for Red Cross work fill endless waste paper baskets? Is there no other patriotic work open to them?

We understand that some of the poorest districts in London are without nurses. A nurse commenting on this state of affairs, remarked, "I can't sleep for thinking of those poor, neglected people. There are more nurses volunteering for the Front than are needed. I shall go and offer myself to the — Society." There spoke the true patriot. The willingness to help where there is need.

Economics teach us to spend our money in the way that shall do the greatest amount of good to the greatest number of people. Our personal service should be offered on the same principle.

The opportunities of district nursing at this present time cannot be over estimated. The influence for good among women exposed to great temptations during the absence of their husbands—especially with regard to drink—the rearing of infants—the care of sick children whose lives are now so precious to the State, is all patriotic



work of the first importance, and ought to be recognised equally with that of those who stand more prominently in the limelight.

We prove the quality of our patriotism by our capacity for personal sacrifice. In the fields, where there are few workers, in our Poor Law Infirmarys, amongst the very poor in the district—where the women and children are in pain—there may be scope for blessed drudgery of real national value.

We should make sure at this time of stress that we are carrying up tea trays where they are most needed.

### OUR PRIZE COMPETITION.

#### WHAT IS PREVENTIVE NURSING, AND HOW CAN IT BE EMPLOYED FOR THE GOOD OF THE COMMUNITY?

We have pleasure in awarding the prize this week to Miss Katie O'Sullivan, Nurses' Home, Manor Road, Chatham.

#### PRIZE PAPER.

Preventive nursing is that important branch of nursing which aims, broadly speaking, at the arrest and prevention of disease. It is closely associated with the science of hygiene, or preventive medicine, and to obtain the best results they must be worked in conjunction.

Public bodies have begun to realize within recent years that preventive nursing is necessary for the well-being of the nation, and to take steps accordingly. The work, however, is as yet in an early stage of organization, and no doubt a few more years will see its activities much widened. One of its most important and best-known branches is the preventive treatment of tuberculosis, both in dispensaries and by means of home visiting. Here, not only are steps taken to arrest the disease in the individual patient, but, more important still, the homes are visited and the spread of the disease prevented.

Much preventive work can be, and is being done, amongst prospective mothers and newly-born babies by Schools for Mothers, Babies' Welcomes, Infant Clinics, &c., but, to be effective, home visiting by competent and interested nurses must play a large and important part—in fact, by far the greater part. The lectures received at the schools are soon forgotten unless they are followed up by the visits of a trained but not too "official" nurse.

In school nursing also much good preventive work can be done, by attention to minor ailments, to cleanliness, and to the early recognition of infectious and other diseases. Here, again, who so competent as the trained nurse?

For preventive nursing in general, no branch of the profession affords greater opportunities than district nursing, as the district nurse spends more time in the homes, and has greater opportunities for getting in touch with the people than almost any other nurse. Opposed to this, however, is the fact that she is often too busy performing actual nursing duties to be able to devote much time to preventive nursing, however anxious she may be to do so. But even the busiest district nurse does a certain amount of preventive work, often quite unconsciously. Her anxiety with regard to her patient will prompt her to suggest improvements in the ventilation where necessary; she also advises the use of antiseptics and disinfectants, and the burning of all soiled dressings—herself setting the example, which is well known to speak with a much louder voice than precept. And what a chance she has to admire the baby! Surely no district nurse, even though working at breathless speed, could omit this important ceremony. And then, on a less hurried day, what more natural than to inquire how and when he is fed, and perhaps to observe how much better it would be to feed him after his bath instead of before. He may even be induced to discard his "dummy," though that is far from being an easy matter, for did not his grandmother bring up every one of her eleven children, and keep them quiet, with the "dummy"? Often the nurse is the first to notice the coming measles, and to advise the proper steps to be taken.

When the time comes for the grandmother to take to her bed, the district nurse has an opportunity of demonstrating—often to two or three admirers—how bed-sores are prevented, and thus very useful knowledge is spread, and an amount of unnecessary suffering prevented.

With the dying consumptive patient and his friends, who is likely to have more influence than the district nurse? For she not only gives advice—she does the work, and leaves a lasting impression on the minds of the friends. The district nurse is also often the first to be told about "growths" or suspected "growths," "bleeding," &c., and by giving advice to see a doctor at once, may be the indirect means of prolonging a patient's life. The trained nurse-midwife has, of course, unlimited scope for preventive nursing, as there seems to be still some left of the type of "nurse" immortalized by Dickens, though they are, perhaps, to be found now acting more in a "friendly" than in a "professional" capacity.

Preventive nursing will be more thoroughly carried out when the appointment of nurses to

do such work is compulsory, and not, as is the case now, left largely to the discretion of local authorities.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss H. J. Pryer, Miss J. E. Taylor, Miss D. Vine, Miss J. B. Smith, and Miss G. Macgregor.

Miss Gilchrist's admirable paper exceeds the regulation length of 750 words, and so is disqualified for the prize.

#### QUESTION FOR NEXT WEEK.

Describe the most modern methods of treating hip disease.

### THE NATIONAL COUNCIL OF WOMEN AGAIN SUPPORTS STATE REGISTRATION OF TRAINED NURSES.

The Annual Meeting of the National Council of Women of Great Britain and Ireland, in session this week at the Central Hall, Westminster, under the presidency of Mrs. Creighton, is of special interest to trained nurses, as two of the three resolutions considered at the meeting of the Council on the afternoon of Tuesday, October 5th, dealt with nursing subjects of great importance.

Of the other resolutions adopted, concerning the desirability of promoting the appointment of suitable women to carry on police duties, regarding the payment of women employed to take the place of men on account of war, and the desirability of establishing Day Trade Schools for girls, it is only possible in our limited space to emphasise the uniformly high level of excellence of the speeches on these subjects.

#### A POOR LAW NURSING SERVICE.

In the absence of Miss A. C. Gibson, Miss E. S. Haldane, LL.D., proposed a resolution urging the Local Government Board "to take steps, so soon as the national crisis permits, to establish a Nursing Service, under the control of the Department; by which means not only would the supply of nurses be efficiently regulated, but a status given to Poor Law Nursing," further, that "as a preliminary measure, an Advisory Committee of experts be appointed by the Local Government Board to formulate a scheme."

In moving the resolution, Miss Haldane referred to the new Order recently enforced in England by the Local Government Board, but said that it did not go nearly far enough,

or grapple with the question of a Nursing Service or the evil of pauper nursing. Terrible results followed the latter, even when the paupers were supervised by paid officials. This was not sufficient: they should be supervised by trained nurses, by which she meant nurses with not less than three years' training in a general hospital. There was excellent material for training in the great Poor Law Infirmarys, and the nurses were splendidly trained, but they went off after certification to all sorts of other work. A certain number of these nurses should be retained in a National Poor Law Nursing Service. For this, organization from the top was necessary. Queen Alexandra's Military Nursing Service was organized when Lord Middleton was Secretary of State for War, with a Matron-in-Chief at its head. In the present war thousands of nurses were doing splendid work in connection with this Service.

It was thought by some that the time was inopportune to inaugurate a new Service under the Local Government Board. She did not share that view. The matter was primarily one of organization, not of expense, and the Service was urgently needed. She proposed that the Council should call upon the Local Government Board to form an expert committee to consider the question, on which women should be represented. It was a real grievance that the former committee consisted solely of men.

Miss Amy Hughes seconded the resolution, and endorsed what Miss Haldane had said as to the excellence of Poor Law training. She knew of the need of expert nursing in the small workhouse infirmaries.

Miss Buchanan hoped that Ireland would be included in the scope of the resolution, which was then carried unanimously.

#### STATE REGISTRATION OF TRAINED NURSES.

The next resolution was proposed by Mrs. Bedford Fenwick, on behalf of the Legislation Sectional Committee, as follows:—

That the National Council of Women of Great Britain and Ireland re-affirm its resolution of 14th October, 1908, "that it is desirable, both in the interests of the professional status of Trained Nurses and of the public who use their services, that provision should be made for their Registration by the State; such registration to be under the supervision of a Central Board upon which Nurses shall have direct and adequate representation."

Further, that in view of the majority in favour of the Nurses' Registration Bill on its first reading in 1914, the Prime Minister be respectfully urged to grant facilities for a similar Bill next year.

Mrs. Fenwick said that it was seven years since the Council had passed, at Aberdeen, the resolution they were now invited to re-affirm. Since then much progress had been made. The House of Lords had passed a Nurses' Registration Bill without a division having been taken at any stage, and three Bills dealing with the question had, after consideration and consultation between their promoters, been consolidated, and the present Bill drafted.

Last year the Nurses' Registration Bill, introduced into the House of Commons under the ten minutes' rule, had been read a first time, with a majority of 228, but in spite of this enormous majority its supporters had not yet been able to persuade the Prime Minister to give time for a second reading.

During the quarter of a century in which the question had been under consideration in this country, a registration law had, of course, been passed in Germany, and in South Africa, New Zealand, in Canadian and Australasian States, and in forty-two of the American States. There was unanimous evidence that registration had proved of great advantage in raising educational standards. Why should British nurses, who had led the way in excellence, have to wait longer for their professional enfranchisement, which they so well deserved?

At this particular crisis the work of trained nurses was invaluable; indeed, she did not think the war could have gone on without it. She urged the Council, therefore, to approve the Resolution, and to re-affirm its previous decision.

Lastly, every nurse had a mother, and it was that mother's duty to see that the conditions under which her daughter worked were just. At present both the educational and economic conditions in relation to nursing were unjust. She hoped they would record their vote in favour of legislation which would secure legal status for trained nurses, and enable them to perform their duty under just conditions.

Mrs. George Cadbury seconded the Resolution in the interests of the public. It was incredible that a Bill for the Registration of Trained Nurses was not yet on the Statute Book. If nursing had been a man's profession, nurses would have been registered long ago. Besides passing the Resolution, she thought members of the Council should make known the principles of the Bill, and the wishes of its promoters. Hitherto they had not been sufficiently emphatic or persistent.

Miss Shuter, Matron of Ivanhoe Nursing Home, Dublin (trained at St. Thomas' Hospital), said that all nurses were not in favour of

registration. The large training schools were not in favour. When they were, others would not hold back, as then they would get the real ideas they wanted for the scheme. The Bill was not acceptable in its present form, so that support was impossible even from those who would be glad to get progress of some kind.

Miss Herbert, Matron of the General Infirmary, Worcester (trained at St. Thomas' Hospital), also opposed the Resolution. The Bill was not supported by the training schools, and such a Bill should be drawn on the widest basis by those fully conversant with the question. The definition of standards should precede legislation.

In reply, Mrs. Bedford Fenwick said that the last speaker had given the impression that the Bill was not drafted by experts. On the contrary, it was drafted by experts from England, Scotland, and Ireland, and was the considered opinion of the trained nurses' organizations and of the medical profession. It had been conclusively proved that, without the majesty of the law behind it, no efficient standard of nursing education could be enforced.

The President then called the time limit of the Session, and in doing so said that she should not have allowed Miss Shuter to speak, as she was not a delegate.

It was unfortunate that the quarter of an hour, which was all that could be given to the subject, did not permit of speeches from such able delegates and staunch friends of the Registration Cause as Miss Mollett, Miss Huxley, and Miss Gill, R.R.C., but, as the President remarked, the question had been discussed before, and she supposed most of those present had made up their minds about it.

The Resolution was carried by a very large majority, only some half-dozen persons voting against it.

The occasion was noteworthy for the widespread support accorded to the Resolution, as printed on the agenda, from the branches and affiliated societies, including such organizations as the Women's Social Work Departments of the Church Army and the Salvation Army, and the Women's Auxiliary of the National Council of Evangelical Free Churches.

Secondly, for the fact that those who, in the interests of certain committees of nurse training schools (*i.e.*, lay employers of nursing labour) spoke in opposition to the Resolution, no longer opposed the principle of registration, but restricted their opposition to objections to the provisions of the present Nurses' Registration Bill.

## THE CRIPPLES' HOSPITAL AND COLLEGE, ALTON, HAMPSHIRE.

The First Medical Report recently issued by Mr. H. J. Gauvain, M.A., B.C. (Cantab.), the Medical Superintendent of Lord Mayor Treloar Cripples' Hospital and College, at Alton, is a record of scientific and educational work of the highest order, both from a humanitarian and an economic standard.

### A FOREWORD.

In a Foreword, the Right Hon. Lord Moulton,

the deformity can be obliterated, so that the children will be fitted to live an ordinary normal life. If it is not successfully combated, their natural growth will only emphasise their deformities and render them impossible of removal.

"But it is not only the aims of the treatment at this Hospital which make it worthy of support. The methods used are of the highest interest, not only to the man of science, but also to those who rejoice to see successful results attained by stimulating rather than supplanting the efforts of nature to defend itself from disease. At an epoch like the present, when the need of fighting

tuberculosis in all its forms is becoming universally recognised, lessons of the highest value can be gained from studying the principles of treatment characteristic of this hospital and the marvellous list of successes achieved thereby. . . .

"I feel entitled to express my sincere belief that it stands among the first in point of efficiency, and that it is indeed worthy to receive the financial support it needs."

Those of us who have visited this institution and are conversant with its methods, feel entitled to support the opinion formed by Lord Moulton.

### REPORT ON THE MEDICAL WORK.

Dr. Gauvain has done great service in presenting a Report which can be read and understood by the general public, as it is an intelligent general public on whom we must ultimately rely for stamping out avoidable disease. No claim to completeness is made, and, indeed, a detailed description of the work and methods by its technicalities would defeat, in this instance, its object of informing the general public—so deeply interested in the work.

The hospital exists for the alleviation of the sufferings and the correction of the deformities of crippled children. Attention is principally devoted to the care of cripples suffering from tuberculous disease of the bones and joints, due to infection by the tubercle bacillus, because such patients are both the most numerous, the most needy, and perhaps the most neglected class of crippled children in this country.



Fig. 12.—W. R., AGED NINE.

Suffering from spinal caries, associated with lateral as well as angular curvature.

Fig. 13.—W. R., DISCHARGED.

Disease arrested, lateral curvature arrested, angular curvature reduced.

P.C., K.C.B., F.R.S. (Chairman of the Medical Research Committee), says that "the Hospital is engaged in work which has strong claims to be regarded as the most useful of all types of curative work. The patients are children who have had the misfortune to contract tuberculosis early in life, in a form which must render them deformed and crippled, unless it can be successfully treated while they are still young. If it can be thus treated, growth becomes natural and all traces of



On admission, each patient is placed in a separate cubicle in one of the two observation wards, and there detained for a quarantine period of at least a fortnight. In this way, the spread of infectious disease is largely prevented. During the quarantine period, notes are carefully taken, treatment planned, splints made, X-ray examination performed, the educational standard of the child ascertained, and the patient may settle down quietly before being transferred to one of the general wards. Meanwhile, the patient is gradually accustomed to the open-air life which he will have to face when in the general wards. That ward is selected for each patient which will be most suitable for both medical and educational reasons.

It is probably no exaggeration to say that tubercular disease causes more crippling than all

The ideal at Alton is:—

(1) To so increase the patient's powers of resistance that he himself may be made to overcome the disease by which he is attacked and render it innocuous.

(2) To preserve and restore any particular bones or joints diseased.

(3) To prevent deformity or, if deformity already exists, to correct or reduce this deformity as much as is possible.

(4) To educate the patient while he is being treated, if his condition permits.

(5) To exercise, as far as possible, efficient after-care and guidance, when treatment in the hospital is completed, and the patient discharged.

The realisation of this ideal is not always possible, but is very frequently attained.



FIVE LITTLE PATIENTS

Suffering from tuberculous disease of the cervical spine immobilised in high plaster jackets. These patients have all been discharged without deformity and with disease apparently cured.

other diseases combined, and it is now recognised that surgical tuberculosis may be described as a general disease, in which the local lesion or lesions are special manifestations. This conception of surgical tuberculosis is of supreme importance, because on it is based the method of treatment so successfully adopted at Alton.

Conservative as opposed to radical treatment has been adopted, and by conservative treatment are meant all those measures which tend to improve the patient's general health, increase his powers of resistance, and preserve and restore the part attacked, in contradistinction to radical treatment, which aims at the cure of the disease by the removal of the local lesion.

Obviously the time when treatment should be undertaken is the moment when the disease is first detected, but the neglected condition in which the patients are frequently admitted is pathetically illustrated in the Report. Yet, owing to the care with which the mechanical problem presented by each patient is studied, and special apparatus designed for each individual condition, quite marvellous corrections of severe deformities have been made.

An example of a somewhat unusual deformity associated with spinal caries is illustrated (Figures 12 and 13). This patient remains well and robust, has little evidence of deformity, and is earning her living as a dressmaker.

Careful nursing is, of course, of the utmost importance, and at Alton, under the direction of the expert Matron, Miss Robertson, the special training required to meet the needs of this particular type of patient is very thorough; the whole staff recognise that a child made happy is helped to become healthy, and how greatly it helps treatment to have the patients happy and contented.

#### HELIO-THERAPY.

Prominent amongst what is termed adjuvant treatment ranks carefully-applied exposure to the Sun and X-ray treatment. Heliotherapy, or Sun-treatment has proved of very great service. Its application requires great care and judgment. Patients must be only gradually and partially exposed to the sun's rays. Pigmentation is aimed at; when once fully established, prolonged exposure to the healing rays may be safely tolerated, and is often associated with the greatest benefit. Often, discharging wounds are healed where all other methods fail. Joints otherwise immobile recover a useful range of movement after a course of this treatment. When no effective sunshine is available, artificial heliotherapy is applied by exposure to an apparatus for the production of ultra-violet rays, and from the illustrations in the Report the little patients in their "trays," or dressed only in drawers, boots, and shady hats, many of them supported on splints, walking or sitting on the flowery grass, or on their blankets taking their hand-work lessons, look delightfully bright and happy. Judge for yourself from this figure of a Sun Worshipper.



A SUN WORSHIPPER.

This little girl, admitted suffering from tuberculous disease of the spine and elbow, now convalescent, is shown receiving sun treatment.

#### ASPIRATED ABSCESSES.

The most common complication associated with bone or joint tuberculosis is abscess formation—to eradicate a pure tuberculous abscess by incision has been abandoned at Alton—they are aspirated with suitable precautions. Not infrequently the pus they contain is semi-fluid or caseous. This

pus is dissolved *in situ* by "modifying fluids" and can thus be evacuated by an aspirating syringe. During 1914 nearly 600 abscesses were thus aspirated without anaesthetics, avoiding sinus formation with resulting sepsis.

#### SPLINT MANUFACTURE.

Probably more plaster is used for splint manufacture than at any other hospital, and to the apparatus in the plaster room has been added an "Abbot's frame" for the forcible correction of lateral deviations of the spine, and the nursing staff are past masters in making casts for splints. Practically all the patients require splints, and it is a particular gratification that not one single splint has been bought for use in the hospital. The services of a highly skilled mechanic in addition to a special carpenter, are employed in the department for the manufacture of the orthopaedic appliances.

A feature of particular value to the patients over five years old is that such education as their condition permits is provided for them. The School is now certified by the Board of Education. Reading, writing, arithmetic and Nature study are taught in the morning, and handwork, singing and recitation in the afternoon.

It is necessary, to be thoroughly efficient, and to be economically successful, that a special hospital for tuberculous disease of the bones and joints, should be large, to attract the services of men prepared to devote their lives to the work, and to attract, train and retain an efficient nursing staff. The uninterrupted growth of this institution of proof of its excellence, and of the wisdom of the public in financing it. There is almost unlimited room for expansion at Alton—and we sincerely hope such expansion will continue. Few investments can yield so handsome a return. The appended statistics in the report prove the wonderful

national importance is and of the wisdom of it. There is almost unlimited room for expansion at Alton—and we sincerely hope such expansion will continue. Few investments can yield so handsome a return. The appended statistics in the report prove the wonderful

success of the treatment, and we note that the trustees express their appreciation of the work of the Resident Medical Superintendent, Mr. H. J. Gauvain, who has been in charge of the hospital since its inception in 1907.

We also desire to express our appreciation of the courtesy of Mr. Gauvain, in permitting us to use some of the admirable illustrations, which materially enhance the value of his most instructive Report.

E. G. F.

### OUR ROLL OF HONOUR.

In the latest casualty lists appear the names of the following nurses who have died for their country on active service:—

Died in France: Miss E. H. Cole and Miss P. A. Pearse (Queen Alexandra's Imperial Military Nursing Service); also Miss E. Fearley, of the reserve detachment.

Died in the Mediterranean: Miss M. A. Walshe, Miss L. M. Swain, and Miss M. H. Johnston, of the reserve detachment, Queen Alexandra's Imperial Military Nursing Service; and Miss F. E. Munroe and Matron J. B. Jaggard (Canadian Army Medical Corps).

It is reported from Petrograd that Sister of Charity Ivanova was tending wounded under a terrible fire during a desperate struggle on the north-western front. She perceived that the commander and all the officers of a certain battalion had been killed, and realising that the battle was taking a decisive turn she rallied around her the men who survived, and who were altogether demoralised at the loss of their officers, and herself led them to the attack against an enemy trench, which the Russian troops captured. She was at their head and pursuing the fleeing Germans, when she was struck by a bullet.

The Emperor conferred upon Sister Ivanova, who died on the field of honour, the Order of St. George, and trained nurses, the world over, will agree that this Order was well bestowed, and will only regret that this heroic Sister did not live to enjoy her well-earned honour.

The Russian Red Cross Society has published a list of forty-six Sisters of Mercy who have perished in the bombardment of hospitals by the Austrians and Germans.

#### A PATRIOTIC MANIFESTO.

The Queen of the Hellenes has published a very patriotic manifesto, addressed to the women of Greece, asking them to assist the families of the soldiers. The manifesto commences by declaring that the King and the country summon the Greeks to the defence of the national territory. Queen Sophia has always set a splendid example in her devotion to the alleviation of suffering amongst the people and in the Army.

### NURSING AND THE WAR.

#### QUEEN MARY'S HOSTEL FOR NURSES.

The Queen, whose visit to the Hostel for Nurses in Tavistock Place, W.C., bearing her name, on Thursday in last week gave great pleasure to the nurses then in residence, made a thorough inspection of the house and showed great interest in the details of the work. Her Majesty, whose visit was quite informal, was received by the Chairman, Mr. George Franklin, Mrs. Kerr-Lawson (Superintendent), Captain Harold Boulton (Hon. Treasurer), and Miss Pomfret (Assistant Superintendent). The Queen spoke to and shook hands with all the nurses, amongst whom were Canadians and South Africans, as well as nurses recently returned from active service, amongst whom was Miss Anderson, who was at work in Jerusalem when war broke out, but came home to offer her services to nurse the sick and wounded. The nurses will long remember the Queen's visit, and those from the Dominions beyond the seas, when, the war over, they once more take up work at home, will cherish memories of the gracious interest expressed by Her Majesty in their work, the inspiration of which will remain long after the occasion has passed.

Three hundred and fifty nurses have passed through the Hostel since the first one was received on July 13th, and so much has it been appreciated that already the need of extension is beginning to be felt. Mrs. Kerr-Lawson speaks with warm appreciation of her guests, and has conceived high ideals of the nobility of a nurse's work from her contact with them; and they, in their turn, appreciate the courtesy and kindness with which they are received and treated, the absence of rules, and the homelike atmosphere of the Hostel. Mrs. Kerr-Lawson tells with relish that one kind hostess to whom nurses needing rest and hospitality have been passed on, enquired whether her guests were specially picked, or whether all the nurses at the Hostel were as nice as those sent to her.

Many friends have sent gifts much appreciated by the Superintendent and nurses. Lady Rothschild and others, hampers of vegetables, Mrs. Pomfret has kept the Hostel supplied with choice fruit, another kind friend sent ten brace of partridges, while the managers of theatres have sent tickets for stalls, by which means tired nurses can indulge in their favourite form of recreation under most comfortable conditions. Constant kindness in this respect has been received from the Globe, the Queen's, the Haymarket, the Lyric, the St. James's, the Criterion, and Daly's, and Maskelyne has also remembered that tired nurses need diversion.

Certainly Queen Mary's Hostel for Nurses must be regarded as meeting a want, and much of its success is undoubtedly due to the atmosphere which radiates from its Superintendent, whose whole energy is concentrated on making it restful and congenial to the guests.

When the King visited the Military Hospital at the Collegiate Hall, Ecclesall Road, Sheffield, which forms part of the 3rd Northern General Hospital, last week, the Assistant Matron (Miss Earle) acting for the Matron (Miss Smeeton), who was absent through illness, had the honour of being presented to His Majesty.

#### THE ANGLO-RUSSIAN HOSPITAL.

The Anglo-Russian Hospital will shortly be started, with Petrograd for its base. It was hoped to begin with a field hospital, but those who are acquainted with the climatic conditions of Russia consider that it is too late this year.

A very complete scheme has been prepared for movable base and field hospitals, to come into operation in the Spring.

The base hospital at Petrograd will open with

£4 monthly. All their expenses will be paid, and a great part of their outfit provided.

The winter out-door uniform will be the regulation cloak of the Russian Red Cross Sisters—black waterproof material, padded and lined with sheep skin; fur-lined boots will be worn. The travelling uniform is all grey, coats, and dress, and bonnets with veils. The indoor uniform will be white, according to Russian usage.

Miss Irvine Robertson pays a high tribute to the nursing abilities of the Russian Sisters. She considers that—after the British—they are the best trained in Europe.

Queen Mary's Needlework Guild has sent a splendid gift of thirty-eight cases of bandages, dressings and clothes for the patients—the latter being made after Russian patterns.

The War Hospital Supply Depot, 2, Cavendish



GUESTS OF QUEEN MARY'S HOSTEL FOR NURSES.  
Mrs. Kerr-Lawson, Superintendent.

200 beds, and it is hoped to expand it to 400 before the winter is over. It will be very completely equipped. The financial support is, so far, in advance of any other Expeditionary hospital.

The nursing staff, under Miss S. S. Irvine Robertson, consists of twenty fully-trained and certificated nurses, ten members of V.A.D.'s (to act as probationers)—four of these latter speak Russian, and two have worked in Serbia.

The medical staff consists of nine physicians and surgeons, and three gentlemen acting as orderlies. The chief surgeon is Mr. Waterhouse, of Charing Cross Hospital; Mr. Harmer (of St. Bart's) and Dr. Fleming (the Principal Medical Officer of Rhodesia) will be two of his colleagues.

Mr. Ian Malcolm, M.P., will also accompany them for diplomatic purposes.

The Sisters are to receive—some, £5; and some,

Square, has contributed munificently no less than eighty-six numbered cases with lock and key and inventory—containing dressings, special dressings and splints. Water pillows and such like are included in the category. The methodical and convenient manner in which they are packed and listed adds much to their intrinsic value—which is immense.

#### NURSING STAFF.

The following certificated nurses have been appointed to form the Nursing Staff:—

*Matron.*—Miss S. S. Irvine Robertson, Royal Hosp. for Sick Children, Edinburgh, St. Bartholomew's Hosp., London.

*Assist. Matron.*—Miss D. Bates, King's College Hosp.

*Nursing Staff.*—Miss Lucy Hayes (Theatre), Charing Cross Hosp., W.; Miss A. Adcock (X-Ray



and Massage), West Norfolk Hosp.; Miss Ada Webb, Warneford Hosp., Leamington; Miss Borlase, Leeds (has served in S. African War, France, Serbia, Dardanelles); Miss E. M. McDonald, Royal Inf., Dundee; Miss Bateman, Genl. Hosp., Birmingham; Miss Whitehouse, Hull Royal Inf.; Miss Carhill, Middlesex Hosp., W.; Miss M. Farrow, St. Bartholomew's Hosp., E.C.; Miss E. Farrow, Mirfield Hosp., Lancs.; Miss Wedderburn, Royal Inf., Dundee; Miss Boykett, East Suffolk Hosp.; Miss Price, St. Pancras Inf.; Miss Gorrie, St. Thomas's Hosp., S.E.; Miss Nicholls, St. George's Hosp., W.; Miss Jessie Sutherland, Royal Free Hosp., W.C.; Miss H. Macdonald, Royal Inf., Dundee; Miss Davies, Gt. Northern Hosp., N.; Miss Dorothy Cotton.

Miss Cotton of the Canadian Contingent, till lately stationed in France, has been selected by Miss Macdonald, Matron-in-Chief, as the Canadian Sister who should be granted leave to accompany the Mission on the invitation of the Hospital Committee, conveyed through the Matron. She will still be under the Canadian contingent and will wear their uniform.

Miss Margaret S. Riddell has been appointed Matron of the Scottish Red Cross Hospital. She was trained at St. Bartholomew's Hospital, London, and has held the positions of Assistant Matron at the Chelsea Infirmary, and at the Hospital for Sick Children, Edinburgh.

A leaflet of instructions to V.A.D. members has been issued with special clauses, one of which is to the effect that "powder, paint, scent, earrings, or other jewellery" must be avoided; and another that members "should be prepared to carry out anything they are asked to do willingly and promptly without question."

## FRENCH FLAG NURSING CORPS.

Before leaving the Talence Military Hospital, Bordeaux, to take up her duties as Matron-in-Chief of the French Flag Nursing Corps in Paris, Miss Emily J. Haswell was presented by the nursing staff with a beautiful leather attaché case. The gift, which was unexpected, touched Miss Haswell very much. She has left her charge at Talence with very sincere regret, as she had

got greatly attached to her fellow-nurses and the hospital, and writes that she will always "look back with pleasure to the loyal help most of the Sisters gave me, and quite realize that without it my work there would have counted for very little."

### MON PETIT BLESSÉ.

We have received the following letter from M. Cohen Jules, the wounded Zouave soldier at Evreux upon receiving the Badge of the Blue Cross Society, sent to him for his kindness to a kitten.

"Hôpital Militaire,  
Evreux.

"MADAME BEDFORD  
FENWICK,—

"J'ai l'honneur de vous remercier de votre intigue que vous m'avez si gracieusement envoyé. Vous pouvez être certaine que je le garderais avec un soin précieux.

"Mon petit blessé se porte à merveille et recommence à trotter, malheureusement je vais être obligé de le quitter car je

valessence demain.

"En vous remerciant d'accepter l'expression de mes dévoués.

encore, j'vous prie mes sentiments les

"COHEN JULES."

We have no doubt others will now care for "mon petit blessé" as we learn the soldiers simply love it. They regard it as a mascot, and said had it died, everyone would have had bad luck. This episode is so thoroughly French.



MISS S. S. IRVINE ROBERTSON.

## GIFTS FOR THE FUND.

Lady Barclay has received a third big case from Mrs. Keith Peter, St. Lucia, W. Indies, containing 5 big feather pillows and 9 smaller, 2 dozen pillow cases, 12 towels, 18 dusters, and 9 dozen bags. From Miss Scott, of Bowden, who has already sent many things, amongst others 32 dozen handkerchiefs, 4 large pillows with four flaps for each, a packet of beautiful large towels, 18 from Nurse Randall, of Bath. Some of these articles have gone to France, but all the gifts, amongst them nearly 50 feather pillows, will be distributed at an early date. Mrs. Holgate has asked for 18 pillows for the ward in which she worked at Neufchateau, where those in use were stuffed with hay, and they are to be sent. The hospital at Neufchateau has recently received supplies from Madame de la Panouse, Croix Rouge Française, London, and from other friends; but typhoid patients well deserve to rest their weary heads on a comfy pillow—and many of the wards have already been supplied with these luxuries.

The cold weather is now upon us and we shall receive with much gratitude knitted socks, mufflers, waistcoats, dressing gowns, and flannel shirts for distribution in the hospitals in which Sisters of the F.F.N.C. are working. If sent addressed to Editor, at 431, Oxford Street, London, W., they will be forwarded as soon as possible, through the Marylebone Depot.

Miss Jean Fraser, cert., Torbay Hospital, Torquay, cert., Incorporated Society Trained Masseuses, left for France on Wednesday, October 6th. She is looking forward to work at the Ecole Professionnelle, Evreux, where the employment of massage has been so greatly appreciated.

Candidates can be interviewed every Friday, 2.30 to 5, at 431, Oxford Street, W., and at 5, Nevcrn Square, Earl's Court, S.W.

## JOINT WAR COMMITTEE.

The following Sisters have been deputed to duty in Home Hospitals:—

*Red Cross Hospital, Hoole Bank, Chester.*—Miss L. Cormack.

*Red Cross Hospital, Wymondham, Norfolk.*—Miss S. A. Musson.

*Clifton House Hospital, Regent's Park Road, Southampton.*—Miss E. Day.

*St. John's Hospital, 67, High Street, Farnham.*—Miss M. E. Scott.

*V.A.D. Hospital, Mere, Wilt's.*—Miss E. Law.

*St. Mark's Military Hospital, Tunbridge Wells.*—Miss M. Knox.

*Filsham Park, St. Leonards-on-Sea.*—Miss E. E. M. Parker.

*Red Cross Hospital, Southwell, Notts.*—Miss F. Meakin.

*Kingston Red Cross Hospital, New Malden.*—Miss M. A. Garrard, Miss M. Robinson.

*Godinton, Ashford, Kent.*—Miss J. Woodworth.  
*Radden Court Hospital, Latchford, nr. Warrington.*—Miss A. Kynaston, Miss L. Attree.

*Knighton V.A.D. Hospital, Evington House, Leicester.*—Miss E. M. Barrett, Mrs. K. M. Thomas, Mrs. Walton Milburn.

*Clifford Street V.A.D. Hospital, York.*—Miss C. de N. Fraser, Miss H. F. Crawshaw.

*Auxiliary Military Hospital, Isleworth.*—Miss M. J. Landells, Miss M. C. Burt, Miss E. Sagar.

*V.A.D. Hospital, Yacht Club, Gravesend.*—Miss L. Adams.

*Overcliff Hospital, Westcliff-on-Sea.*—Mrs. B. M. Moberley.

*V.A.D. Hospital, Strood, Kent.*—Miss E. H. Davis, Miss K. Penman.

*Tydney Hall, Winchfield, Hants.*—Miss H. M. Porteous.

*Kingsclere House, Newberry.*—Miss E. Moretti.  
*Red Cross Hospital, Highfield Hall, Southampton.*—Mrs. Egerton.

*Auxiliary Military Hospital, Levenshulme, Manchester.*—Mrs. Kyde.

*Ramsbury Red Cross Hospital.*—Mrs. L. M. Muir.  
*Burcotes Hospital, nr. Abingdon, Berks.*—Miss M. Hawkins.

*Auxiliary Military Hospital, More Park, Preston.*—Miss L. Osborne.

*American Women's Hospital, Paignton, S. Devon.*—Mrs. Lowsley.

*Red Cross Hospital, Netley.*—Miss J. Dow.  
*V.A.D. Hospital, Town Hall, Torquay.*—Miss S. Vincent.

*Langston Towers Relief Hospital, Havant.*—Miss E. Chapman.

*Hill Hospital, Lower Bourne, Farnham.*—Miss M. F. James.

*Windlesham Moor Hospital, Windlesham.*—Miss A. B. F. Fraser.

*Military Hospital, Grove Road, Richmond.*—Mrs. P. Hawkins.

*Coombe Lodge Hospital, Great Warley.*—Miss C. Lindsay.

*Auxiliary Hospital, The Warren, Leamington.*—Miss S. D. Taite.

*V.A.D. Hospital, Waterlooville, Hants.*—Miss E. Slane.

*Thorpe Wear Hospital, Norwich.*—Miss E. Almey, Miss M. E. Buckingham.

*Langston Towers Relief Hospital, Havant.*—Miss C. R. Stevens.

*V.A.D. Hospital, Ashford, Kent.*—Miss P. Palmer.

*Sherfold Park Hospital, Frant, Sussex.*—Miss M. A. Macfarlane.

*North Staffs. Hospital, Stoke-on-Trent.*—Miss E. P. Brenan, Miss M. A. Bennett, Miss M. A. Careswell, Miss Freda Johnson, Miss A. K. Bell, Miss M. Donaldson.

*Woodbastwick Hall, Norwich.*—Mrs. Nye.

*V.A.D. Hospital, "The Cecils," Manor Road, Worthing.*—Miss H. Stevenson.

Eight Sisters have left for France, to replace those that are returning home.

## CARE OF THE WOUNDED.

On Monday, the largest military hospital in Middlesex was opened at Isleworth, in a building which has been taken over by a Board composed of members of the County of Middlesex Territorial Forces' Association, from the Brentford Guardians, and will accommodate over 300 patients. A considerable sum has been expended in altering and equipping it for its present purpose. The Matron and trained nurses are Canadians sent by the Canadian Government, assisted by voluntary workers.

At a recent meeting of the Scottish Federation of the N.U.W.S.S., held in Glasgow, Mrs. Hunter submitted a report on her recent visit of inspection, as chairman of the Scottish Women's Hospital Committees, to France, where she had been greatly impressed with the work being carried on at the Abbaye de Royaumont, and at the Chateau Chanteloup, Troyes. Dr. Frances Ivens, Liverpool, is in charge of the former. Provision is made at this hospital for 200 beds, and 50 beds in the Ambulance Volante. A donation of 25,000 fr. has been received from the French authorities on the opening of the second hundred beds at this hospital, on provision that the beds remain the property of the French Government at the end of the war.

Mrs. Hunter also reported that the hospital at Troyes, where Dr. M'Iroy and Dr. Laura Sandeman are in charge, is arranged in tents for nursing, and contains 200 beds. The French authorities have been much impressed with the good results attained by the methods of treating the sick and wounded.

Miss Craigie, reporting on the Serbian hospitals, stated that there were four hospitals under the charge of the S.W.H., at Valjevo, Lazarovatz, Mladanovatz, and the original one at Kraguievatz. There were in all 925 beds. The hospital at Lazarovatz is purely a Serbian military hospital staffed by women surgeons and nurses. The Mladanovatz hospital is known as the "Madge Neill Fraser" Memorial, the funds having been largely subscribed by golfers throughout the Kingdom and Colonies. The subscriptions received to date are a little over £60,000, but with over 1,300 beds to maintain, in addition to the initial expenditure in equipping and staffing all the hospitals, an estimated weekly expenditure of at least £1,000 is being incurred, and the sum of £100,000 is necessary to continue the work undertaken, efficiently.

The *Daily Telegraph* will publish shortly, in conjunction with Messrs. Hodder & Stoughton, a magnificent art picture-book on behalf of the Croix Rouge Française. Mr. Edmund Dulac, one of the most famous illustrators of the day, has painted a number of special pictures for this book, and the whole of his drawings will be reproduced in full colour. This beautiful book will be in great request as soon as it is on sale.

## NURSES' MISSIONARY LEAGUE.

## THE VALEDICTORY MEETINGS.

The Valedictory Meetings of the Nurses' Missionary League, held at University Hall, Gordon Square, on October 1st, were attended by a large number of nurses. Practically every large hospital in London was represented at some time during the day; and members were present who are home on furlough from India and China, as well as one forced by the War to be absent from her station in Palestine.

## ADVENTURE FOR GOD: INDIVIDUAL, NATIONAL AND MISSIONARY.

The main subject for the day was "Adventure for God: Individual, National and Missionary," and the first speaker—the Rev. D. C. Woodhouse, B.D.—began by turning his hearers' thoughts towards God as the greatest Hero. The chief qualities of a hero are courage, strong faith in his mission, and love; and all these Jesus Christ showed in a wonderful degree. From this, the speaker went on to his main subject, "the challenge of the present day to a great adventure"—mentioning first the call to adventure for self, against which we must ever be on our guard; secondly, the call to adventure for country, to which so many are responding nobly; and, thirdly, the call to adventure for God. Everything unreal or sham is being destroyed, and the call of to-day is for a tremendous earnestness and fresh consecration. The essential qualities for responding are humility, courage, a realisation of brotherhood in Christ, and increased love.

Mrs. Weir (St. Bartholomew's Hospital) was the next speaker, and she drew her hearers away in thought to her mission station in Korea. "We are all learning lessons about suffering in these days," she said, "but those of us who have been abroad know that it is nothing new"; and then she told of the terrible unnecessary suffering of the women in child-birth and of the little blind children, "but there are no blind girls in Korea, for a blind girl is no use, so they let her die"; and of the terrible results of the ignorant treatment of Korean doctors, who thrust hot and cold needles into most vital parts, by way of cure. In closing, Mrs. Weir said that when the War is over, many nurses will have broken away from their old life, and will be looking round for something else: surely, then, some will go out to distant lands as missionaries.

## THE CONVERSAZIONE.

The afternoon gathering was in the nature of a conversazione, and nurses gathered together around the missionary members, or greeted with joy friends made at N.M.L. camps, or looked at the photographs of mission stations, or inspected the bookstall, where a specially favourite volume was the new book on medical missions, written by Dr. Henry Hodgkin.\* Some songs were con-

\* "The Way of the Good Physician," obtainable from any Missionary Society, price 1s. net.

tributed by Mrs. Taylor Sang, and then came two addresses. It was a great disappointment when a telegram was read from Major Neve, F.R.C.S., who was to have spoken: "Regret emergency work prevents attending *conversazione*; urge need missionary nurses." His place was, however, taken by Miss Frodsham (St. Bartholomew's Hospital), who is shortly returning to India. She spoke of Christianity as the supreme need of all the different classes in India; and then described the ordinary day's round of a missionary nurse, who needs to be a "Jack of all trades and master of all." The most common diseases are tubercular, leprosy, women's diseases (usually in an advanced stage, having waited sometimes four years for operation), huge abdominal growths and eye cases. Every single bit of training and experience is needed; and, besides all this, there is the supremely necessary work of training the Indian nurses.

The next address was given by Miss J. Macfee on the subject "The N.M.L. a great Adventure." She traced the history of the League from its very beginning in 1902, when it was simply a vision of a great need and a work to be done, and showed how gradually the tremendous difficulties had been faced and overcome. She spoke, too, of finance, of the early days when letters had to lie unposted because the Secretary had not money to even buy stamps; of the gradual and wonderful rise in the income, with no drop till the past year, and of the real need of the present time. She turned then to the need for adventure in the life of every member. It was easy to apply the word to the 250 missionary members, and to the 300 members nursing the wounded in France, Serbia, Malta, Egypt, on hospital ships and in military and naval work at home. But for each single one there was a great field for spiritual adventure, for all have difficulties to face and overcome. The N.M.L. should be a united band of those who are adventuring for God.

#### THE EVENING SESSION.

At the evening meeting the Chairman was Professor Carless, M.S., F.R.C.S., who was present in spite of his great loss in the death of his son in France earlier in the week. He spoke briefly on the subject of sacrifice. Every advance is marked by sacrifice, by the lives of men and women laid down, and it is so in the mission field. Some who in former years have been farewelled at N.M.L. meetings have laid down their lives. "What has your religion cost you? It is 'without money and without cost' that our salvation comes to us from God; but it was never intended to be without cost in our lives. Has it ever cost you real self-denial? If life has been only a trying to get pleasures, may these solemn days make our religion a whole-hearted devotion of our whole lives to God."

The "Sailing Members" next spoke for five minutes each. Of the ten who are starting for the mission field this year, six had already sailed, Miss St. Leger Clark (trained at the General

Hospital, Birmingham) and Miss Spencer (Charing Cross Hospital) to India; Miss Day (St. Marylebone Infirmary) and Miss Salisbury (King's College Hospital) to Africa, and Miss Stephenson (Bethnal Green Infirmary) and Miss Thompson (General Hospital, Nottingham) to China, while Miss Willis (Whitechapel Infirmary) hopes to start next week but was unable to be present at the meeting. The remaining three were present, Miss Bally (Mildmay Mission Hospital) and Miss Cameron (Royal Infirmary, Manchester) proceeding to China, and Miss Ivens (Royal Infirmary, Liverpool) proceeding to Bannu, N. India. Each told briefly what had led her to think of Missionary work, perhaps one of the most impressive points being the story of a Missionary doctor who had been obliged to refuse to do a serious operation because there was no nurse to take care of the patient afterwards.

Three members who are shortly returning to the mission field were the next speakers. Miss Frodsham said that the call of the mission field is strong now, firstly, because of the war. Quite twenty of the Indian soldiers whom she had been nursing at Brockenhurst had pleaded with her to go to their own part of India to give their women the care which they had received in hospital. Secondly, the call is strong because the Indian people are pleading for medical aid. Thirdly, there is the call of the few who do go. Some say that it is foolish for missionaries to overwork. "Well," said Miss Frodsham, "if you don't believe in overwork, come and help us." Lastly, there is the call of Christ.

Miss Mitchell next spoke about the women of China and of her great joy in returning to them again. She was followed by Miss Pitt, shortly returning to Fuhning, China, to her hospital of 116 beds, staffed by one doctor and one nurse—herself. She told of the need for adaptability, and gave an insight into some of the difficulties when she told how the patients' relatives persist in being present at operations and even telling the doctor what to do!

Miss Richardson, the next speaker, had as her subject, "Adventure in the N.M.L. and the Mission Field." After reading part of a letter from a member working on a transport ship, showing vividly the dangers which confront such nurses, she told three impressive incidents showing how the lives of members had been a tremendous influence for God in hospitals. Turning next to the mission field, she spoke of the three members who have laid down their lives during the past six months, Miss Bedells in Palestine, Miss Carrick in Persia, and Miss Fagg at Bannu. Such have indeed shown the spirit of adventure, attempting the impossible in the name of God, and the same power which empowered them is available for each one.

Dr. J. Howard Cook, of Mengo, Uganda, then spoke of the wonderful opportunities of a missionary nurse, and the great influence not only of her professional skill but of her sympathy. The need for more nurses was tremendous, he said.



for in his Society more than a quarter of the hospitals have no European nurse at all, and the physical need is very great indeed. Nurses are needed, too, to train the native helpers, and above all as spiritual workers among the patients.

The closing valedictory address was given by the Rev. H. G. Harding who bade God-speed to the sailing members, and reminded them that they were going forth not only for God but *with* Him.

## APPOINTMENTS.

### MATRON.

**Devon and Cornwall Homoeopathic Hospital, Plymouth.**—Miss Agnes M. Lynch has been appointed Matron. She was trained at the Metropolitan Hospital, Kingsland Road, N., and has been Senior Sister and Assistant Matron of the Lowther's Road Branch of the Royal Victoria Hospital, Bournemouth, and Sister at the General Hospital, Great Yarmouth, and Matron of the County Sanatorium, Bury St. Edmunds.

**Halstead Cottage Hospital.**—Mrs. J. Dalgleish has been appointed Matron. She has been Matron of Kimberley Hospital, South Africa, and has been recently working at the Beaufort War Hospital, Bristol.

### NURSE-MATRON.

**The Maidstone Sanatorium.**—Miss G. M. Bates has been appointed Nurse-Matron. She was trained at St. Thomas' Hospital; and has been Matron at Ashford Isolation Hospital for five years, and at the Newhaven Isolation Hospital for the past twelve months.

**Isolation Hospital, Newhaven.**—Miss Elizabeth Cronk has been appointed Nurse-Matron. She was trained at the City of London Infirmary; and has been Sister at the Borough Hospital, Croydon.

### SISTER.

**South Shields, Harton Hospital.**—Miss L. Crest has been appointed Sister. She was trained at the Middlesbrough Union Hospital, and has been Sister at Kingston-on-Hull Infirmary. Miss Crest is a certified midwife.

### SUPERINTENDENT NURSE.

**Northampton Union.**—Miss Mary Butcher has been appointed Superintendent Nurse. She was trained at Shoreditch Infirmary, where she was Staff Nurse and Sister, and she has also been Home Sister, Assistant Matron, and Acting Matron at the Infirmary, Birkenhead.

### TERRITORIAL FORCE NURSING SERVICE.

Miss A. Lloyd-Still to be Principal Matron, London General Hospital (August 16th).

### QUEEN VICTORIA JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Miss Sarah Bridge is appointed to New Malden and Coombe, Miss Constance M. Deering to Brixton, Miss Theresa O. Leonard to Stockport, Miss Caroline E. Trotman to Hammersmith, Miss Bridget Walshe to Three Towns.

### ROYAL INFIRMARY, MANCHESTER.

Mr. Frank G. Hazell, Secretary of the Norfolk and Norwich Hospital, has been appointed General Superintendent and Secretary of the Royal Infirmary, Manchester, in succession to Mr. Walter G. Carnt, whose resignation, we understand, is due to ill-health. Mr. Hazell's record at the Norfolk and Norwich Hospital is that of a capable and liberal, minded official, and the Board of Management of the Royal Infirmary, Manchester, are to be congratulated on their selection, and Mr. Hazell on his well-deserved promotion.

### WEDDING BELLS.

On September 29th, at Knighton Parish Church, Leicester, Miss Kate A. Kirk was married to Mr. J. W. Hodkinson, of Rochdale. Miss Kirk was formerly Assistant Matron at Kingston Infirmary, S.W.; and late Health Visitor for Tuberculosis for the Borough of Rochdale.

### NURSING ECHOES.

On Thursday, October 7th, at 11 a.m., a Select Committee of the House of Lords begins to take evidence on the question of the Registration of Nursing and Lying-in Homes, in connection with the London County Council Bill with this object, when it is anticipated that the Borough Councils will urge their desire that such registration should be carried out by these Councils, instead of by the central authority—the London County Council. This would mean that these professional institutions would be supervised by the same authority as the disorderly houses, a proposal which professional women bitterly resent. The Committee meet in Room 2, and the public are admitted.

When the time comes, as soon it should, when the nurses at St. Bartholomew's Hospital are provided with a sanitary and convenient Home, we fear the block of beautiful old buildings formerly part of the historic Bluecoat School of London, now used as a Home for Bart.'s nurses, will have to disappear. Ground in the City of London is too priceless for it long to remain. We are indebted to *League News* for permission to reproduce its frontispiece.

Sandbags have been placed round the tomb of Rahere, who founded the Church of St. Bartholomew the Great in the 12th century, and in which he was buried in 1144. With the exception of the Chapel in the Tower, this fine Norman building is the oldest church in London. Rahere was also the founder of St. Bartholomew's Hospital, "in the marshy lands of Smithfield." Let us hope the bomb-dropping

Huns may miss their mark where such sacred historic relics are still extant.

A Sister writes :—" I have read with interest what has appeared in the *B.J.N.* on the recent Zepp. raid. I was 'right there,' and I would not have missed seeing that little silver fish floating around for anything. The fire flashes of the air battle were really beautiful and awe-inspiring. It was terrific, but not terrifying. What is frightfulness? I can't make it out." How British!

Africa, and appointed to Carnarvon, with the approval of the local committee. During the year the Committee has granted increments of £6 per annum to two nurses who have been members for over a year.

Owing to the abnormal circumstances of the past year, work has not been developed to the extent anticipated, and the need of nurses, though great in Pietersburg and Middleburg, in the Transvaal, conditions are such that most of the nursing would have to be free—and the expenses heavy. As soon as the financial posi-



THE CLOISTERS. OLD BLUECOAT SCHOOL, NOW USED AS NURSES' HOME, ST. BARTHOLOMEW'S HOSPITAL, LONDON, E.C.

The Report to hand of the King Edward VII Order of Nurses in South Africa contains an interesting *résumé* of work accomplished during the past year. Lady Buxton, who is Chairman of the Executive Committee, presents its report.

During the year Miss Pritchard has succeeded Miss Child as Superintendent-General, and Miss Brailsford has been appointed Senior Nursing Sister in charge of the Ladysmith Centre. A qualified bi-lingual nurse, a Highlander by birth, has been engaged in South

tion permits, the Committee hopes to take action to provide nurses. The war has seriously restricted the activities of the King Edward Nurses, as of all other forms of social work in South Africa.

In her Report the Superintendent-General writes that the chief difficulty was the shortage of nurses. It was desired to recruit nurses locally, but those who replied to advertisements were not eligible, principally on the score of inadequate training, or because they were midwives with little or no general training. An

appeal to the Colonial Nursing Association had to be made, and the majority of the nurses sent out from England have proved eminently satisfactory.

#### NATIVE SECTION.

The money given by Natives towards the King Edward VII Memorial was set aside to be devoted entirely to work among the Natives, and in this connection a start has been made at De Aar, where a Native nurse has been placed to work in the location as "district nurse." As far as possible the scheme there will be managed by a Native Committee, which will be responsible for the small guarantee required, and will also see that a small fee is paid for the nurse's services by those in a position to do so. The first Native nurse engaged—Grace E. Mbongwe—was trained at the Lovedale Institute, but as she only went to De Aar at the beginning of February, it is, of course, too soon to report on the work done. Arrangements are being made for the nurse to give a much-needed course of health lectures in the location.

With the exception of the Native side, no new centres have been opened during the year.

The Matron of the Newry Workhouse has resigned, and the question of filling the vacancy proves how little trained nursing is considered necessary for the poor inmates.

A candidate for the post was the school-mistress, who refused to accept the post (how about the responsibility?) for the paltry additional sum of £5, but was quite prepared to accept it if £10 was added to her present salary.

The Clerk proposed they should appoint a nun as Matron, with a salary of £25, but this motion was defeated. Ultimately the matter was deferred for a fortnight. No inquiry concerning any professional qualifications for the post appears necessary.

At a recent meeting of the Southwark Board of Guardians, Mr. Philip McCarthy, on behalf of the Infirmary Visiting Committee, informed the Board that permission had been given by the Local Government Board to assign a salary of £40 per annum to each of the head nurses at the infirmary for the period of the war. He also recommended that four staff nurses be promoted head nurses, each with remuneration at the rate of £40 per annum. Mr. McCarthy mentioned that out of 13 staff nurses who were necessary in accordance with the regulations of the Local Government Board, there were none now holding that position at the infirmary.

## OUR FOREIGN LETTER.

### LETTER X.—THE FINAL SESSION OF THE NURSES' CONVENTION HELD AT SAN FRANCISCO.

"A PICKER-UP OF LEARNING'S CRUMBS."

DEAR MADAM,—Shall I describe the setting in which I am trying to get inspiration to write my final letter about the Convention? The table at which I write is beneath the shade of a luxuriant Manitoba maple tree; the hot noonday sun has fretted out its shadow upon the lawn. Beyond the confines of the garden, but closely encompassing it, are fruitful orchards all round about; just now the trees are laden with the most inviting-looking apples and pears. Still further beyond, are the hills of this lovely valley, and not far off lies a lake, which usually reflects the colour of the cloudless blue sky, but sometimes the atmosphere paints it a tender pink! A pretty, low bungalow with warm red tiles, and covered in many places with creepers, is close by. The hum of the insects is almost the only sound I hear, except—when I let my fancies free—the music of the spheres.

The word final as used above, does not mean *finality*. If you will still allow me space, there are many more things I could write about that might interest your readers.

My aim from the first has been, to be a "picker-up of Learning's Crumbs"! The wind-up Session, was in some respects, the most inspiring of all, because it was a culmination of all that goes to make the Nursing profession in America what it is. It was a striking epitome of all the great constructive work that our sisters on the other side of the Atlantic have achieved. The House of Delegates had met for their final business Session. Something like 33 States had sent representatives, as demonstrated by as many placards depending from the front end of each seat, looking very imposing. I am not able at this moment to give you the names of all these States, but I will do so on a future occasion, because when English nurses read them, and then, by referring to their atlases, discover what great distances many of the nurses travelled, they will surely be as impressed as I was, not only by the esprit de corps and the solidarity of the *individuals*, but also with the earnestness of purpose and the solidarity of their *organizations*.

The amount of work that was got through in those five days was amazing. None but women of trained minds and fine organizing abilities could have so successfully carried through such a burden of work; but the able chairmanship, and other powers, of such women as Professor Goodrich, Miss Noyes, Miss G. Cooke, Miss Anna C. Jaume, Miss van Blarcom and others, make all things possible. It cannot be doubted for a moment, that the great and *obviously* necessary reform of State Registration of Nurses has produced wonderful and rapid educational results. When you uttered these words to one of America's most

distinguished nurses, at the London Congress in June, 1890, "Why do not the American Nurses go in for State Registration," I think you must have been endued with the spirit of prophecy! In her Paper on "General Legislation pertaining to Nurses and Nursing," Miss Louise Perrin, R.N., Colorado, used these words—which ought to have been heard by all pig-headed opponents—"The most popular form of legislation pertaining to women has been that which has provided for the State Registration of Nurses." Is proof in black and white necessary? It is easily supplied. New Jersey was the first to pass such legislation, that was in 1903. The blessed contagion spread like a forest fire to 41 other States, so that in the relatively short time of 12 years, 42 out of 46 States have adopted the reform! (Readers, read, mark, learn and inwardly digest!). Were we Americans, should we not be justly proud of such figures! So are they. Have they not, by their energy, zeal and co-operation raised nursing from a mere occupation to the dignity of a profession. I only wish it could have been possible for some of our friends the enemy! to have been with us at that last Session; it would have given their minds such a wholesome stretch! This is scarcely a digression, so I won't apologise.

The American Nurses are proud of their profession, because it is a profession. It is pardonable if English Nurses—some of them—are getting somewhat discouraged by the long drawn-out battle and deferred measure of justice. Let us hope, too, that when they do receive State recognition, they will be better paid, and have the ability as well as the will, to do similar things. "Out of the abundance of the heart, the mouth speaketh" and that is what prompted me to ask leave of the Chairman—which was readily granted—to say a few words. I read quite recently somewhere, the good advice: "Never lose an opportunity." So following it, I said: "I feel like the Queen of Sheba! You know when she went to pay a visit to King Solomon, she said to him that in her own country, she had heard something of his power and his magnificence, but, she exclaimed when she saw him—'Behold the half was not told me'! In like manner, in our own country, we had heard of the American Nurses and their achievements. We knew that we might expect a kind welcome from them, but behold the half was not told us! From the day on which we landed in New York, until now, we have received such abundant kindness and hospitality that we do not know how to thank you adequately. When we left our poor bleeding country, I can assure you that our hearts were very sore; you have done much to cheer us. But it is not alone for these things that we desire to thank you. It has been at once a pleasure, a privilege and an education to us to have attended your Convention, and we thank you for all we have seen and heard and learnt from you. We have greatly admired your works of organization, your splendid solidarity, and your esprit de corps. It is these things combined that make for progress. I am reminded

of Browning's well-known lines—One who never turned his back but marched breast forward.' It is this dauntless forwardness of yours that impresses us. You have two great advantages that we have not. You have political enfranchisement; you are free women, you are not fettered as we are. But we do not envy you; it does not belong to internationalism—which, as I take it, means brotherly love—to envy those of the spiritual alliance. Rather, we rejoice with you, we feel sure that you feel for us that we have not yet seen the fruition of our hopes. But we, too, are marching breast forward, and we do not mean to turn our backs until the goal is won. What you have won and achieved is an encouragement to us. On behalf of the National Council of Trained Nurses of Great Britain and Ireland which we represent, as well as personally, we thank you. We shall go back to England with minds enriched and hearts warmed; and as no place is very distant, and as time seems very short in busy lives, we shall look forward with the greatest pleasure to meeting you—all being well—in Copenhagen in 1918."

Some of our readers may possibly be acquainted with Macaulay's significant words:—"Then none was for a Party, then all were for the State." If they will parody these words, they will discover the spirit which inspired this Convention, namely a selfless altruism, the truest, practical patriotism. The Convention terminated as it had begun, with the sanctity of a religious service. The last item on the program was the announcement that a service would be held in the Crypt of Grace Cathedral by the San Francisco branch of the Guild of S. Barnabas. There was no sermon, but the Office of the Guild was read by the Chaplain, the Very Rev. J. Wilmer Gresham, the Dean. After the service an informal reception took place at the Deanery, where we were hospitably entertained to tea. We had the honour of an introduction to the Dean, to Mrs. Kelly, "the Guild Mother," Mrs. Sherman, Hon. Secretary, and the Bishop's wife and others.

And so ended the happy meetings of an *Entente Cordiale*, the memory of which will be always dear and inspiring to two privileged British Delegates.

BEATRICE KENT.

### PAX.

We commend to the attention of our readers "Pax," a compound which it is claimed will render human beings, animals, birds, garden produce, furs and clothing, ordinarily liable to attack by various forms of insect life, entirely immune. This holds out a golden prospect of peace to those susceptible to the attacks of gnats, mosquitoes, wasps and other insects, which make life in the country a trial instead of a pleasure, and the name of "Pax" is well bestowed upon it.

"Pax" has the further advantage that it is quite harmless to human beings, and may be used in the bath not only with impunity, but with benefit to the skin. In hospitals its manifold



usefulness will be obvious, while in flats, and private dwellings it may with advantage be used in and around dustbins, and so prevent the breeding of flies—a public danger as well as an intolerable nuisance.

"Pax" is an entirely British preparation, and therefore when using it one is supporting British trade and benefitting oneself at the same time.

The sole distributing agents for Great Britain are Messrs. C. Hand & Co., 12, Moor Lane, London, E.C.

## BOOK OF THE WEEK.

### "THE BRONZE EAGLE"

A new novel from this well-known writer is sure to be welcome among her wide circle of admirers. Adventure and love are always popular themes and no one understands better the mixing of these ingredients than Baroness Orczy.

The "Bronze Eagle" is a romance of France following the period of the Revolution and the expulsion of the Bourbons. Its central interest lies in the intrigues of their followers and those of Napoleon Bonaparte.

Crystal, the lovely and only daughter of the old, long-exiled haughty royalist, the Comte de Cambray, is on the eve of betrothal to de Marmont, who is secretly an ardent Bonapartist.

Clyffurde, the Englishman, who also loves Crystal, expostulates with de Marmont on his false position. "Surely," he said, "you have never led the Comte to suppose you are a royalist."

"I have never led him to suppose anything. But he has taken my political convictions for granted," rejoined de Marmont.

But there was yet another admirer, Maurice de St. Genis, whose impetuous state had precluded him from obtaining Crystal's hand.

"It is because your father is so heartless . . ." he began vehemently.

"My father is not heartless, Maurice," she broke in firmly, "but you must try and see for yourself how impossible it was for him to give his consent to our marriage, even if he knew my happiness was bounded by your love. Just think it over quietly—if you had a sister who was all the world to you, would you consent to such a marriage?"

"With a penniless, out-at-elbows, good-for-nothing you mean? No I daresay I should not."

But at the moment of betrothal, he had his revenge upon his rival: Suddenly when the guests were all assembled for the ceremony, "there was a disturbance—an unseemly noise came from the end of the corridor, where rose the magnificent staircase." St. Genis entered. His rough clothes and muddy boots looked strangely in contrast to the immaculate get-up of the Comte's guests, but of this he seemed hardly aware. His face was flushed; with his right hand

he clutched a small riding cane, and his glowering dark eyes swept a rapid glance over every one in the room. "I was churlish enough to refuse your invitation," he said, "I would not have come now only that I felt I might be in time to avert the most awful catastrophe that has yet fallen upon your house."

Again his restless, dark eyes—sullen and wrathful, and charged with a look of rage and hate—wandered over the assembled company.

At the young man's ominous words, M. le Comte's sunken cheek grew a shade more pale. "What catastrophe mon Dieu!" he exclaimed, "could fall on my house that would be worse than twenty years of exile?"

"An alliance with a traitor, M. le Comte," said St. Genis, firmly.

His accusation was, that his rival had pinned Napoleon's proclamation on the walls of Grenoble. "And what if I did?" cried the young devotee with that extraordinary fervour which Napoleon alone—of all men who have walked this earth—was able to suscite. "His proclamation?" he added, and with a kind of exultant war cry he drew a roll of paper from his pocket and held it at arm's length above his head, "his proclamation? Here it is. Vive l'Empereur! by the grace of God."

Crystal's heart was by no means broken at the sudden rupture of her engagement, but it is not St. Genis who in the end wins her love. We are left with the understanding that Clyffurde, the English merchant, at length overrides the prejudices of the old French count and wins his daughter.

Bobby Clyffurde laughingly asks Crystal's aunt, Mme. la Duchesse, "Do you think that if I promise never to buy or sell gloves again, but in future to try and live like a gentleman—he will consent?"

H. H.

### COMING EVENTS.

October 7th.—Central Midwives Board. Monthly meeting. 3.30 p.m.

October 9th.—Church League for Women's Suffrage. War Time Intercession Service. Southwark Cathedral. 3 p.m.

October 25th.—Central Midwives Board. Examination in London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne. The oral examination follows in a few days' time.

### WORD FOR THE WEEK.

The Field of Honour always lies

Wherever gallant men are living.

And under whatsoever skies

Their lives they are for Honour giving.

"It is good to pray for peace, but it is better to pray for justice. It is better to pray for liberty. It is better to pray for the triumph of the right for the victory of human freedom."—*New York Times*.

\* By Baroness Orczy. Hodder & Stoughton.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## THE MOTHER'S MEALS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As one who has worked among the poor for many years, and has seen the constant self-sacrifice of our working women in the interests of their husbands and their children, may I say how glad I am that the importance of proper food for the mother is becoming increasingly appreciated? True, the reason is not primarily the welfare of the mother, but of the race, for students of eugenics realize that a weary, over-worked, underfed woman cannot bear virile children, such as the nation needs; but at least it is being borne in upon the public mind that expectant mothers need nutritious food.

Speaking to me the other day of the increasing cost of living, a working woman said, "It isn't much meat we see nowadays; of course my husband must have a bit, but we can't afford it for me and the children." Yet no one needs better food than a woman upon whom a second life is dependent, and the self-sacrifice by which she deprives not only herself, but her unborn child, of nutrition, viewed in its true light is misplaced. If expectant mothers really realized the importance of regular and nutritious food they would strain every nerve in order to secure it. The feeding of mothers, just as much as the feeding of school children, is a national problem.

Yours faithfully,  
SOCIAL WORKER.

## NOT AN UNMIXED EVIL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was enquiring my way the other day in a strange town on the East Coast after dusk, and the remark of an inhabitant who kindly directed me, and indeed accompanied me part of the way for that purpose, gave me cause for thought. "It will be no good getting drunk this winter, for you can't see sober." That is apparently one of the unanticipated results of the lighting regulations which I commend to the notice of Mr. Lloyd George. If the result of our darkened streets is an increase of sobriety, I venture to think the regulations are not unmixed evils.

I am,  
Yours faithfully,  
DISTRICT NURSE.

## THE KAISER AS ARTIST.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is not often we have a chance of agreeing with the German Emperor,

but in M. Paul-Louis Hervier's sketch in *La Nouvelle Revue* of the All Highest War Lord, he states that he is as autocratic domestically as he is politically; and to prove this contention, states that he prevents the Empress from hiding the grey ravages of time in her hair with convenient dyes. The last bottle she surreptitiously obtained, he disdainfully threw out of the window, and was particularly wrathful that his wife had sent to Paris to obtain the best quality! For once, I heartily sympathise with the Kaiser. No one who saw the Empress on her last visit to England, could have failed to admire her lovely white hair, which was worn *à la Pompadour*, under picturesque black hats, and was extraordinarily *chic* in a royalty—as they so rarely realise the charming effect of white hair, as the Kaiser personally does.

Yours truly,  
AN ARTIST.

## UNDER FIRE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The Bishop of London has written a letter to his diocese in which he says:—

"We must be perfectly ready to take our share of the danger. There must be a kind of glorying in London at being allowed to take our little share of danger in the Zeppelin raids. Cowardly and brutal as they are, and carried out contrary to all international law, they have this advantage. As a gallant old clergyman said after one of the raids:—

"The Zeppelin passed right over our house and was there potted by the aircraft. One of their fuses, weighing 1 lb. 5 oz., fell 6 ft. from my front door just where I had stood, and it was hot when I carried it in. It was a terrific but splendid sight, and it has had for me something exhilarating in it; for, like most old men, I have felt so selfish in being comfortably at home out of danger, and now, at any rate, one is allowed to feel that we may take our share a bit after all."

I quite sympathise with that old gentleman, and wouldn't budge out of the City of London, which is the objective of these raids for any hermit's hole.

Yours truly,  
HOSPITAL SISTER.

## OUR PRIZE COMPETITIONS.

October 16th.—Describe the most modern method of treating Hip Disease.

October 23rd.—What is a "saline" (saline fluid); give its uses, and describe the method of giving a rectal saline?

October 30th.—State briefly what you know of the symptoms and treatment of Thrush, Snuffles and Convulsions in the newly born.

# The Midwife.

## THE MATERNITY HOSPITAL, YORK.

Almost under the shadow of the glorious Minster, in Ogleforth, one of the oldest quarters of the ancient city of York, the Maternity Hospital is doing excellent work for the mothers of the city and neighbourhood.

The hospital is located in two houses which have been adapted, and very conveniently, to form an institution of twelve beds. On entering it one is confronted by a wonderful oak staircase, black with age, which would be an ornament to any house and which at once gives it distinction. Under the guidance of the Matron, Miss Wishart—trained at the Royal Infirmary, Edinburgh, in general nursing, and at the Royal Infirmary, Dundee, in midwifery—I recently had the pleasure of seeing the wards, and very bright and cheery they are; the walls white, and spick and span as Paripan and continual care can make them; the mothers happy and contented, and the babies each in his or her own little cot, with the exception of one mite who seemed to be thriving in the electric incubator. Another bonny boy of a few days old was a Belgian baby whose mother, though speaking little English, seemed thoroughly content with her surroundings. The father is also in this country, as, so far, he has not been passed for military service.

Most of the patients are in the large ward, but there is a smaller one containing two beds, and a well-equipped labour ward, with every requisite for normal and abnormal deliveries.

The standard of training at the hospital may be estimated by studying the lists of the examinations of the Central Midwives Board, in which the pupils of the York Maternity Hospital are almost invariably successful.

The staff, in addition to the Matron, consists of a Sister and five pupils. Ordinarily the pupils, in addition to their hospital experience, work in the surrounding district under medical practitioners, and the nurse of the York Dispensary, with which the hospital co-operates, and from which it receives some financial support. Just at present, however, owing to the disorganisation due to the war, the Sister supervises the greater part of the district work in addition to her duties in the hospital.

On enquiry as to the effect of the National Insurance Act on the institution, the Matron corroborated the experience of other hospitals; just at first there was a falling off of in-patients, but now the admissions are up to the usual average.

The Baby Consultations form an important part of the Dispensary work, and the advice given to the mothers is highly appreciated by them, and the mortality of infants attending the Consultations compares favourably with that of the city generally, a proof of the value of the work. The

feeding of nursing and expectant mothers is also not overlooked amongst the schemes for their benefit; both the Baby Consultations and the Infants' Welfare Association being concerned with this important detail. As one heard from the very capable and courteous Matron of the work which is now being done, and which it is hoped to develop as soon as conditions again become normal, one realised more strongly than ever how important and valuable is the place in the community, of the small maternity hospitals, both in the care of the patients, the training of pupils, and the education of the mothers.

One word must be devoted to the Matron's sitting-room, which is most charming. The city of York has its full share—perhaps a larger share than most—of old furniture, and there is in this room, besides chairs belonging to bygone generations, a table which must surely make lovers of the work of craftsmen of olden days break the Tenth Commandment when they note the simplicity and beauty of form with which a master hand has endowed it.

M. B.

## CHILD WELFARE AND MOTHERCRAFT EXHIBITION.

An interesting Child Welfare and Mothercraft Exhibition is being held during the present week inclusive of Saturday, at the Town Hall, St. Alban's, from 2.30 to 8.30 p.m. The Exhibition has been arranged by a committee which includes such well known names as Dr. R. Murray Leslie, of the Women's Imperial Health Association; Dr. Eric Pritchard, Mrs. Wilson of the St. Marylebone Health Society; and Miss Williams, of the St. Pancras School for Mothers. The object of the Exhibition is to spread a knowledge of Mothercraft, whereby the mothers of this country shall be helped to rear healthy children, and it is intended that it shall be a permanent one moving from place to place.

The Exhibition at St. Alban's includes (1) models of rooms arranged by dirty and careless, and clean and careful mothers, expecting their confinements, arranged by Miss Haddon, Superintendent of the Bloomsbury Nursing Association, and Mrs. Buckle; (2) an artificial feeding exhibit; (3) consumption in children and how to prevent it, illustrated by posters and appliances; (4) a baby care exhibit, arranged by the South St. Pancras School for Mothers; (5) common sense hints for treatment of accidents; (6) model clothes made by Miss Syngé; (7) model of a day nursery; (8) a dental exhibit, arranged by Mr. George Thomson, and Dr. Sam Wallace; (9) Housewifery and Cooking arranged by Miss Dyer, King's College for Women; (10) A fly exhibit, (11) a Literature Stall, and (12) posters, charts, photographs and pictures.

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## EDITORIAL.

### A TRIUMPH FOR THE NATIONAL COUNCIL OF TRAINED NURSES.

The announcement of the elimination of Nursing Homes from the scope of the London County Council's (General Powers) Bill for the Registration and Inspection of Nursing Homes, in conjunction with Massage Houses, Lying-in Homes, and similar institutions, will be received with sincere satisfaction by the many highly skilled nurses who own and superintend such homes in the area of the County of London. As we report in another column, the Earl of Donoughmore (Chairman of Committees), before whom all Bills must go, was of opinion that the special evils which Part V of the Bill is designed to remedy are practically non-existent in Nursing Homes, and was unwilling that a slight should be cast on the honourable profession of nursing, and so struck out the word nursing.

It will be remembered, by our readers, that a deputation from the National Council of Trained Nurses of Great Britain and Ireland, on December 11th, 1913, was received by the Parliamentary Committee of the London County Council, when a Report was presented by the President, Mrs. Bedford Fenwick. The result has proved the importance, and value, of a professional organization which watches proposed legislation, and, when necessary, takes action in relation to it. This the President of the National Council considers her special contribution to professional organization.

In introducing the deputation and presenting the Report, Mrs. Bedford Fenwick emphasised the fact that it was there in a spirit of co-operation, not of hostility, with a desire to assist the London County Council to make the legislation it proposed to introduce as effective as possible.

The clause in the Report which has proved of primary importance was one drawing attention to the adverse effect on Nursing Homes which would be occasioned by any association of such homes with disorderly houses in the public mind. The deputation therefore asked that the London County Council would

differentiate between professionally managed Homes and the commercial or objectionable ventures. What was plainly of paramount importance in the mind of the Committee was the suppression of the very serious evil of disorderly houses, run under the guise of massage establishments. There is no evidence that Nursing Homes are implicated in this scandal, and therefore provisions applicable to the suppression of bogus massage establishments are quite unsuited to the registration of nursing homes, concerning which the point to be secured is the maintenance of adequate professional and sanitary standards through professional inspection.

The Borough Councils, regarding the Massage Houses mainly as houses of ill-fame, claimed that the administration of Part V of the Bill should be deputed to them as an extension of their powers in dealing with disorderly houses, and the Parliamentary Committee of the London County Council, desiring to placate the Borough Councils, passed a resolution proposing that the administration should be given to these Councils if they withdrew their opposition to the Bill. This proposition, however, was not assented to by the Council, and when proposed as an amendment to the Bill in the House of Commons by the Hon. Member for Marylebone it was rejected, both in a mandatory and permissive form.

The importance attached by the London County Council to a Resolution passed by the National Council of Trained Nurses, protesting against the proposal to transfer the powers of administration to the Borough Councils as an extension of their powers under the Disorderly Houses Act is evident, as they printed this Resolution in a paper handed in to the Chairman of the Select Committee, both in its original form, and also as a Petition widely signed by Matrons and Superintendents of Nursing Homes. The attention thus directed to the injustice of casting so grave a slur upon a section of the nursing profession rendering indispensable service to the public, has no doubt influenced the Chairman of Committees, to whom the nursing profession is profoundly indebted, to safeguard its interests under the Bill.



## OUR PRIZE COMPETITION.

### DESCRIBE THE MOST MODERN METHODS OF TREATING HIP DISEASE.

We have pleasure in awarding the prize this week to Miss Hester Kennedy, Fulham Military Hospital, London.

#### PRIZE PAPER.

The following is a description of the methods followed by Dr. Gauvain, at Lord Mayor Treloar's Hospital, Alton.

I take an ordinary case of hip disease in which the joint has not been destroyed, but there is deformity, stiffness, and pain, caused by the inflammation and partial destruction of bone and surrounding tissues.

An extension is applied. Any of the strapping or webbing forms will do. Great care is taken that it grips well round the condyles of the femur, thus avoiding unnecessary strain on the knee joint. The amount of weight to be used will be decided by the surgeon. The extension *must* pull in the right direction, *i.e.*, in such a way that the anterior superior spines of the ilium are level and opposite: to get this the leg may point in any direction, and the injured hip can be raised on a folded drawsheet, a pillow, or sometimes even a folded towel will raise it just enough. The patient should lie flat in bed without a pillow. In the case of young children the shoulders should be fastened down by some form of braces.

This extension is kept on at the surgeon's discretion, usually until inflammation has somewhat subsided and the limb has been fixed in a good position. A Plaster of Paris splint is now applied, which, while still soft, is well moulded round the hips, and which, when dry, keeps the part at perfect rest. The patient must be very carefully watched for plaster sores. There is only one way to detect them—by the smell. The nurse must, as routine work, smell the plaster all over every day. A plaster sore has a smell that can never be forgotten when once experienced, and that smell will be present some hours before the skin is broken. When one is certain a sore is present, a window can be cut in the plaster to relieve the pressure, and, if necessary, the sore dressed. In any case, even if no sores have formed, the plaster splint should be removed at the end of three months, and, if necessary, a new one applied. If a patten is applied to the good foot, the patient can quite well get about on crutches. When all active disease has stopped, a cast of the patient is taken, and a celluloid splint made, which is quite light and can be removed at night. This the patient continues to wear until

the surgeon is satisfied that there is little chance of recurrence—roughly about a year.

If there is abscess formation, the pus is aspirated. If there is an open wound, the sun treatment is most successful in healing. Sinus wounds also yield often to this treatment, or sometimes bismuth is introduced with very good results. If an abscess has to be aspirated while a patient is in a plaster splint, a window is left for that purpose. The removable splint is, of course, never applied until all active disease has stopped.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss Dorothy Humphreys, Miss E. Bates, Miss M. Mackenzie, Miss T. O'Brien.

#### QUESTION FOR NEXT WEEK.

What is a "saline" (saline fluid)? Give its uses, and describe the method of giving a rectal saline.

## TYPHUS FEVER.

Dr. F. M. Sandwith, M.D., Gresham Professor of Physic, delivered a series of lectures, commencing on October 5th, the first two of which dealt with typhus fever. Lecture I was the historical account of the same, while Lecture II dealt with the disease during the present war. He said that in the Great Plague of Athens Thucydides himself was a victim of the epidemic, which is now believed to have been typhus, as among other points bubos were not mentioned in its connection.

During the years of the Napoleonic invasion, in the crowded cities, amidst all the factors that made for epidemics, this dread disease was rife; and it was greatly feared by Napoleon's army. In the great march on Moscow the French army was practically annihilated by it before ever it reached Moscow.

The vermin pest was looked upon as disgusting and revolting, but it was only in comparatively recent years that the connection of the body louse with the disease was recognised.

It was said that the Emperor himself was not free from vermin, so prevalent were these pests then, as now, among troops who could neither bathe nor change their body linen. The irritation was so great that a French colonel was said to have obtained relief by tearing a piece of flesh with his fingers. The treatment of typhus by the doctors of Napoleon's army varied widely. Some were in favour of copious bleeding, while others were in favour of stimulation, so that on the one hand twenty or thirty

patients in one hospital would be bled each morning, while other patients would have as much as two pints of brandy administered daily. Many and various names have been given to this disease: feverens, pestilens, parish fever, spotted fever, spirit or brain fever, putrid fever, gaol fever, camp or hospital fever, &c.

In the notorious Black Assizes, the judge and high sheriffs were stricken with the disease, conveyed to them by the prisoners. These unfortunate creatures, tried and untried, were herded together under conditions of unspeakable misery, and the prisons were emptied rapidly by the disease, combined with the aid of the hangman.

The insaniary, overcrowded, and poverty-stricken parts of Ireland have from time to time been the centres of typhus, and so late as the July of this year it was reported that a house in County Donegal contained four typhus victims, deserted by their families and shunned by their neighbours. The Poor Law Guardian who reported the case himself helped the nurses to bury two of the victims in a field. The relatives and friends left the provisions by the roadside, and the nurses had to give their unfortunate patients milk that was often sour; also the turf and water had to be fetched. A brother of the patient assaulted the nurses, and the police were censured for not remaining on duty to protect them.

In an epidemic in Cork some years previously it was reported that in the hospitals, of those in attendance on typhus patients—students, nurses, or servants—there was no one who did not contract the disease.

## THE GERMAN CAMPAIGN AGAINST LICE.

In spite of many precautions, says the *British Medical Journal*, the Germans appear to have lost many men from typhus. Among its victims are Jochmann and v. Prowozek, whose claims to distinction, curiously enough, were largely based on their investigations on typhus. The measures adopted to stamp out the disease include the conversion of large factories, notably sugar factories, into stations for disinfecting soldiers and their clothing. Some of these are large enough to cope with 12,000 to 15,000 men with their clothing every day. The men are thoroughly washed with soap in baths, while their clothing is disinfected by steam, and leather articles by dry heat. In many prisoners' camps experiments have been carried out with a view to ascertaining the cheapest and most effective way of destroying lice, and Professor

Galewsky has given\* the following account of his experiments in a prisoners' camp in Königsbruck. A building, used by Russian prisoners, nearly all of whom were infested with lice, was selected for the first experiment. All cracks, crannies, and corners were washed with a 3 per cent. solution of kresol soap, and were then filled up. The clothing was hung up loosely, with the exception of a parcel of shirts, which were tied into a firm bundle. In this building, the floor of which measured 450 square metres, 25 kilos. of sulphur were burnt in 16 sulphur stoves. The burning proceeded rapidly, and reached its maximum in 45 minutes. After three hours the doors and windows were again opened, and two hours later the building was occupied by the prisoners, who had meanwhile been washed. The lice and their eggs were found to have been completely destroyed, except in the tightly packed parcel of shirts. The sulphur stoves used were made on the principle of a Bunsen burner, and the sixteen cost only 300 marks. Experiments carried out by Oberapotheker L. Schlesinger showed that lice and their eggs were killed in two hours by sulphur dioxide vapour, but only in two hours and a half or more by formaldehyde, which was also inferior on account of its irritating smell. Dry heat was sufficient to kill the lice and their eggs in one hour, provided the clothing was hung up loosely. But the dry heat sterilizer used could only accommodate the clothing of fifteen men at a time, and it also had a deleterious effect on leather. The conclusions to which most German investigators appear to have come are that sulphur vapour is the simplest and cheapest as well as the most reliable agent for the destruction of lice and their eggs in clothing and buildings.

## REPORTED CURE FOR DIABETES.

The *Times* New York correspondent states that the Rockefeller Foundation for Medical Research has discovered what the *American Journal of Medical Sciences* announces as a positive cure for diabetes. The work conducted on patients in Lakeside Hospital, Cleveland, and in the Johns Hopkins Hospital, Baltimore, is convincing as to the efficacy of the remedy.

The basis of the remedy is bicarbonate of sodium with a small amount of salt. In extreme cases the treatment is given hypodermically. Dr. H. F. Biggar, Mr. Rockefeller's personal physician, in an interview, states that the most extreme cases have responded to the remedy.

\* Deut. med. Woch., May 27th, 1915.

## "SOMEWHERE IN FRANCE."

(Continued from page 271.)

### TO LISIEUX.

As we are whirled away from Evreux to Lisieux, through the valley of the Iton, the iridescent morning has flamed into a gorgeous afternoon. We no longer skim along a *route nationale*, under the shade of its straight rows of trees, but by a more delectable road, bordered with beech hedges and flowery fringes, up and down little hills and slopes, around corners, and through somnolent villages, with windows shuttered close. Across rich pastures we get a glimpse of lovely timbered farm-

where St. Foy's Church has been perched since the Middle Ages, the church dedicated to that wonderful child saint of the fourth century (we know her as St. Faith in England, where her name still appears in our Prayer Book calendar) the history of whose glorious endurance and martyrdom—crowned of Heaven—is recorded in exquisite enamelled glass in the seven windows of the choir. We always surmise that the spirit of the little St. Foy must have been of that host of angels which surrounded the radiant form of St. Michael, on that summer morning, when he spoke with Jeanne d'Arc in her father's garden. Surely it was the "voice" of St. Foy who whispered to her of the glorious courage and endurance needed for her "mission," and whose little feet she embraced



MILITARY HOSPITAL, ECOLE JULES FERRY, LISIEUX.

houses, many gaily adorned with flowers; one indeed appears a bush of clustered pink geraniums, the little windows winking through in the reflected golden light. Over porches and gateways we note a saucy creeper, its brilliant bloom of mixed pink, purple and gold, and glossy emerald leaves, like a monster honeysuckle, such as "Alice" no doubt espied in "Wonderland." Who will give us the name of that exquisite flower?

The creaking *charrettes* no longer obstruct our path, but every now and again we flash by a racing car containing uniformed men of war, just as a reminder that some of the fairest acres of this fair France are under the heel of the Hun, and that we Englishwomen have no time to spare in our privileged work for its wounded.

And yet, somewhere near by must be Conches,

with tears—feet which made holy the ground she kissed when the vision had passed!

Beaumont St. Roger is also here about, surrounded by fields of burnished corn and refreshing woods and streams, one of the now rare, unspoilt, most precious bits of old Normandy. Bernay also lies in the midst of this country, but as our Sisters are no longer at work there we pass it by.

Then we come to Lisieux, which so long ago as the time of Julius Caesar was a walled city, and since then has sustained many a tragic hour. Was it not here during a siege that human flesh was sold in the Lieuvain, so horrible was the famine?

As we go slowly through its picturesque streets we note the lovely old timber houses—indeed, nowhere in Normandy are they more entrancing—

but our real work and pleasure awaits us at the Military Hospital in the Ecole Jules Ferry, where the year's work of the Sisters of the French Flag Nursing Corps has moved mountains. It is unnecessary perhaps to refer to the primitive state of this temporary military hospital as it was a year ago. The special *métier* of this Corps has been work in French Military hospitals, to give of their skill to wounded French soldiers, so far as possible. That the most perfect sanitary conditions, the most comfortable environment, and the best nursing were to be accomplished, as if by magic, we knew to be impossible, but we did feel that highly-trained, patriotic, pertinacious British nurses were the very best women in the world to make a beginning in improving conditions in temporary hospitals in France, and although all have not succeeded, yet marvels have been done.

the hospital—beginning with the store-room, where "in the beginning," the Sisters fed off bare boards, surrounded by a multiplicity of incongruous comestibles and other items of domestic use. We are then shown the operating theatre and the *salle de pansements*—both practically adapted to the work—and ascend the wide, highly-polished stairway, from floor to floor, on which the rooms are well-fitted for wards. These we find large, light and airy, with little about them of a temporary appearance. Without exception, they are in excellent order, clean and bright, adorned with flowers and plants after our English fashion; and the patients look happy and comfortable, and are evidently on the very best of terms with their English Sisters. One male *infirmier*, dressed in speckless white, moving nimbly and with dignity about his ward, appears to us the *dernier cri* in military nurses.

No doubt it takes the experienced eye of the trained supervisor to estimate the amount of untiring, hard, ceaseless, practical labour and conscientious devotion to duty, which has gone to work up this hospital to its present standard of excellence. We realize it at every turn, and experience a real thrill of national and professional pride that British nurses have done it. Ten months ago from pigeon-holed reports, it appeared almost a hopeless job, but the transformation has taken place, and we are not surprised to learn that in the district it is looked upon as a miracle. Anyway,

the comfort and well-being of the patients and the fine order of the wards at Lisieux are solid evidence of what can be accomplished by earnest, plucky women, inspired by sympathy and tenacity of purpose, and are good auguries of what these fine qualities may effect, in the determined prosecution of this terrible war.

Later, we are shown the chapel dedicated to a fine Christian purpose. Here, bales of comforts for the sick and other hospital requirements are stored; and throughout France we hear the chapels are being used thus in the Master's service. We make a tour of the charming grounds which surround the hospital, go through the gardens and the orchard, and see the lake where the gold fish no longer flourish in the absence of the boys. In Spring, we are told, never was there such a profusion of flowers as at Lisieux. The hour of departure comes all too soon, and the Sisters



SUPERVISOR AND SISTERS IN THE GARDEN, LISIEUX.

### THE ECOLE JULES FERRY.

At the Ecole Jules Ferry, Sister Horan, the Supervisor, and her bright and hard-working unit, Sisters Garner, Maxwell, Dixon, Mackinnon, Miller, Downie, and Geekie, give us a very cheery welcome. First we are taken to tea in a quite nice room (for war time). The kettle is on the boil, and soon the leaves are "wetted" in a stupendous pot, first cousin to the lordly posset-pot of old. We hear of Normandy butter in England, but taste it at Lisieux, spread on a delicate French roll, and you will have tasted food fit for the gods; and even a military chauffeur will forgive those white and tan ladies which, in a narrow spell of road, walk across his palpitating bows with such careless and deliberate ease, if not of *malice prepense*!

After a merry tea, we are introduced to the Médecin Chef, Dr. Hitte, and make a tour of



wave us goodbye at the hospital gates, as we pass on our way to Caen.

We look back at the brave little group; the car whisks round a corner, and they are lost to sight. But for many miles we talk of them, and are proud to belong to their Corps.

(To be continued.) E. G. F.

### LISIEUX.

RECONNAISSANT HOMMAGE À NOS SISTERS  
POUR LEURS SI BONS SOINS.

Avant de vous quitter, dignes et humbles bienfaitrices,

Toujours tant dévouées aux pauvres mortels,  
Qui acceptèrent ici bas tous les sacrifices,

Et jusqu' à ceux, jugés par eux les plus cruels;  
Je viens, au nom de tous, mettre à votre actif

Nos hommages en reconnaissance de vos bons  
soins

Que notre santé, parfois faible tel un esquif,  
N'ose demander tant sont multiples nos besoins.

Mais vous fûtes si bonnes que j'aime votre simplicité,

Mêlant en ses attraits votre douce bienveillance  
Que nous, blessés, en notre actuelle oisiveté

Aimons, à votre égard, évoquer les liens de  
l'Alliance

Qui feront que nos libertés un instant compromises,  
Resteront à jamais pour le salut de l'humanité,  
Grâce aux combats d'inévaluables entreprises

De nos heureuses armes unis dans une même  
confraternité.

Vous nous soignez comme si nous étions des  
vôtres,

Et d'une façon où votre sincérité est recon-  
naissable,

Mais, en somme, n'êtes vous pas aussi des nôtres?  
En ces temps où l'étroite union est indispensable?

Si; et les uns les autres confiants en notre re-  
nommée,

Qui ne fût jamais en vain illusoire,  
Nous attendrons, la moisson bien sémée,

Les doux fruits de l'irrésistible Victoire.

ANONYMOUS.

### A NICE LITTLE TALE.

Here is a nice little tale, let us hope it is true:—

A convent in one of the Belgian towns near the firing line was threatened with an invasion of the Germans, and the Rev. Mother, knowing what had already happened in similar cases, did not know how to put her nuns and pupils in safety.

At last one of the nuns said to her, "Why not send us all into the British trenches? We shall be safe there." This was done.

When the Rev. Mother was asked if she was not afraid of what might happen to her flock she only answered, "But the men were English."

### FRENCH FLAG NURSING CORPS.

The following Sisters will leave for France on Friday, October 15th:—Miss Nelly Branch, R.N.S., cert. Great Northern Hospital, London, cert. Fever, City Hospital, Coventry; Miss Catherine A. Mercer, cert. Dumfries and Galloway Royal Infirmary, Queen's Nurse; Miss E. Hunt, cert. Royal Infirmary, Leicester; Miss Ruth Cole, cert. Royal Infirmary, Leicester; Miss Bridget A. Reynolds, cert. Barrington Hospital, Limerick.

We are always pleased to receive gifts to help the Sisters in their work in France, and kind Mrs. Alfred Paine, of Bedford, has again sent a most generous gift of 100 slippers and flannel boots for the wounded French soldiers. They are tied up in six packets and a set of fly muslins with each. Mrs. Alfred Paine is Shoemaker-in-Chief to the Joint War Committee, and her slipper total now amounts to 8,828—a splendid record of help to wounded men. The F. F. N. C. Sisters greatly appreciate these slippers because they are so well made.

From Neufchateau Sister Holme reports helpful gifts from friends for use in Rébéal Hospital: per Mrs. Danby, tins soup, marmalade, tea and biscuits; per Miss Airvain, bowls, jug, kidney tray, coal tar soap, towels, cigarettes, tobacco, wool, lint, gamgee tissue, bicarbonate of soda, £1 worth hypodermic needles and serum needles, razor, marmalade and cocoa; per Women's Emergency Corps, bandages, many-tailed bandages; per H. W., large boxes Woodbine cigarettes; per Miss Cox eighteen pairs socks; per Guild St. Barnabas, dressing gowns, socks, butter muslin. All the Sisters at Neufchateau have managed to spoil the Egyptians for the benefit of their patients.

The Sisters working in the contagious blocks at Besançon are greatly interested in their work, as most of their cases are acute, and also wounded. The hospital is well-equipped for a temporary institution, with gas, hot and cold water, and three baths arranged in each ward between the beds which they consider an excellent arrangement as baths are always ordered for high temperatures. They are very busy learning French, and as the surrounding country is lovely, they greatly enjoy their environment. Sister Robb who is in charge of this unit, has won the hearts of all her colleagues by her kindness and consideration for them.

A meeting has been arranged by the Church League for Women's Suffrage in the Caxton Hall on Tuesday, October 19th, at 8 p.m. Dr. Helen Hanson, who recently returned from Serbia, will give an account of her hospital work and other experiences. Mrs. Stobart's Unit, to which Dr. Hanson was attached, is situated at Kragujevatz. The precarious conditions of affairs there at the present time will tax to the utmost the resources of our brave little allied country.

## AN ACT OF HEROISM.

The mortality and mutilation caused by gas gangrene during the present war has been one of the complications of wounds which the medical profession has sought by all means to avert, and Dr. Taylor, of the Imperial Cancer Research Fund devised a remedy which he believed to be an antidote, but no proof of this was possible, as it had not been tested on any human being. It remained for Miss Katherine Mary G. Davies, who has been working as a bacteriologist at the Pasteur Institute, Paris, to risk her life by injecting herself with the poison of gas gangrene, after which she communicated with Dr. Taylor, under whose direction she was at once removed to the American Hospital, where she was subjected to treatment with the antidote to the toxin. Had this not been efficacious Miss Davies would probably have paid the penalty of her heroism with her life, but happily the antidote, which appears to be a solution of hydrochloride of quinine, was completely successful, and she has the reward of knowing that her unselfish devotion will have the result of saving the lives of many brave men who can now be treated with confidence with the remedy which has proved successful in her own case.

It is difficult to imagine the feelings of a young and beautiful woman before deciding to risk one of the most terrible forms of death, not in the excitement of the battlefield, but deliberately in the calm atmosphere of the research laboratory. It is heroism of the highest type. It was at first announced that Miss Davies was a trained nurse. This proves to be incorrect, but trained nurses will appreciate her deed at its full value and acclaim her self-sacrifice in risking her life to prove a fact of scientific importance.

We are indebted to the Editor of *The Gentlewoman* for the portrait of Miss Davies, which appears on this page.

## FRACTURE APPARATUS.

Those who visited the Exhibition of Fracture Apparatus by Officers of the R.A.M.C., at the Royal Society of Medicine, 1, Wimpole Street, W., between October 8th and October 13th, will realize the great advance made in the branch of medical science illustrated by this exhibition, more especially if they were fortunate enough to hear a clinical lecture on the form and application of the splints and other appliances, by their designer.

Major Maurice Sinclair, R.A.M.C., of No. 7

Stationary Hospital, Boulogne, lectured in the most illuminating and fascinating way on the principles of mobilization of splints by weight suspension, and the use of metal supports in the treatment of compound fractures, explaining these principles by reference to the models exhibited; nor did he forget to explain the special points of nursing interest for the benefit of the members of the nursing profession present.

Thus, by means of the Sinclair Universal Leg Suspension, a travelling cradle allows the patient to move up and down the bed for his own comfort; to raise and lower his own pelvis in order to

alter points of pressure; and to obtain change of position for nursing purposes. Splints of perforated zinc are carefully modelled to suit each individual case, the frame work being supplied by the Medical Supply Association, Gray's Inn Road. The sterilized zinc is applied directly to the leg, and can be kept in position for weeks. If it is desired to clean it, cotton wool, moistened with peroxide of hydrogen, on forceps, is gently passed between the leg and the splint, followed by methylated spirit. Continuous irrigation can be applied with these splints.



H. W. Barnett.

MISS KATHERINE M. G. DAVIES,  
BACTERIOLOGIST, PASTEUR INSTITUTE, PARIS.

## NURSING AND THE WAR.

None of our Allies during the present war have attracted the sympathy of trained nurses to a greater degree than gallant little Serbia, and those who have been able to help to stem the epidemic of typhus which devastated her army early in the year, and to introduce into her hospitals something of the standard of skill and comfort obtaining in our own, count themselves happy. Lately there has been a lull in the admissions, and it has seemed that the worst of her troubles were past, but, with the shifting of the storm centre to the Balkans, once more Serbia is in the forefront of the fray, and her hospitals will, without doubt, be full to overflowing once more. We are sure that, as before, the practical help of British nurses will be at her disposal, and we have confidence that she will emerge from this new peril to receive the admiration of her friends and the respect of her foes.

The following nurses left England on Friday, October 8th, en route for the Wounded Allies Relief Committee's hospital at Kragujevatz, Serbia:—Miss Elizabeth Kennett (late house-keeper at Great Ormond Street Children's Hospital), Miss Mary Agnes Buse (late Royal Free Hospital), Miss Elizabeth Ogilvy Rogers, Miss Agnes Richley. This hospital has now been constituted by the Serbian authorities the Third Base hospital for the army and has a capacity of 600 beds.

The following members of the third Serbian Relief Fund Unit for the Stobart Hospital, sailed on October 8th: Dr. Elizabeth Fingean, and Miss F. Cartwright (Royal Infirmary, Glasgow, fever work in Darlington and Glasgow, Sister, Brownlow Hill Infirmary, Liverpool), Mrs. Robinson (General Hospital, Birmingham, plague duty, Aden, private nursing, Bolton), Miss E. Brimson (Stobhill General Hospital, fever work Glasgow and Erith, private nursing London).

In connection with the Scottish Women's Hospital the following trained nurses left England for Serbia on October 8th: Miss Jane Cameron, Miss Cowie, Miss Dinah Levack and Miss Mackintosh.

The City of London Red Cross Hospital, Finsbury Square, E.C., which we recently described in this Journal, admitted its first patients last week. The Matron, Miss G. A. Rogers, is only acting in this capacity temporarily, and her many friends in the nursing world will regret to know that in coming to this decision she is acting on medical advice. She has never quite recovered from an attack of bronchitis last May, and her doctor will not allow her to spend the winter in London. Miss Rogers writes, "I get a good many letters from people who knew about my appointment, and I shall be glad to let some of them know that I am not staying on after this month."

There was a large gathering of Australians, both soldiers and nurses, at the Palace Hotel, Blooms-

bury, on October 6th, including many men who have fought in the Dardanelles, at an entertainment given by the Australian Natives' Association. Amongst the nurses present was Sister Borlase, who was on active service in the South African War, and more recently in Flanders, France, Serbia, and the Dardanelles, and who in a brief appeal urged the necessity for more nursing volunteers. Miss Grace Watson and Mrs. Hucks spoke sympathetically of the work done by Australians during the war. Indeed, we all admire the work of our Australian colleagues, who, with ability and devotion, are nursing the brave wounded, theirs and ours.

Lady Muriel Paget, the hon. organizing secretary of the Anglo-Russian Hospital, was unable to form part of the deputation which proceeded to Russia, to offer formally to the Russian Red Cross authorities the services of the complete hospital unit, which has been raised in this country. Her place was taken by Lady Sybil Grey, the young daughter of Earl Grey. It is, moreover, announced in the press that Lady Sybil Grey will take charge of the hospital at the outset. The Nursing Profession, we think, has a right to know why a young, untrained girl is to be placed in this responsible position, when a very highly trained and experienced woman has been selected as Matron and a staff of twenty-four certificated nurses have been engaged.

The reply to this question will, no doubt, be as usual—that the trained Matron will be in charge of the nursing and the untrained superintendent in charge of the hospital, and that their duties do not clash. Bitter experience proves that it is most difficult to maintain nursing discipline under this system of dual control, and that, when an untrained lady of title—backed by social influence—is placed in supreme authority in a military hospital, disorganization in the nursing department is inevitable. The fact that for some months Lady Sybil Grey has assumed the duties and responsibilities of a Matron of a Voluntary Red Cross Hospital, at her father's seat in Northumberland, will—in our opinion—make the position of the trained staff all the more untenable. Let us hope the Committee of the Anglo-Russian Hospital will consider this defect in its organization before it is too late.

The *Gazette* of the 3rd London General Hospital, Wandsworth, is a most creditable production, and is illustrated in the most amusing manner. "The History of Our Hospital" is begun by the C.O., Lt.-Col. Bruce Porter, to be continued in our next. Miss Barton, Principal Matron, sends a letter, wishing success to the new literary venture, and gives a sketch of the growth of the Territorial Force Nursing Service; she concludes, "I should like to say that my most optimistic hopes for the success of the Hospital—which had so long existed as a castle in the air—have been far more than realised. Not only the ability and skill, but also

the zeal and loyalty shown by the nursing staff, have been beyond praise. From the highest to the lowest, each in their different ways have brought an enthusiasm and a spirit of personal service into their work, which have made the Hospital the great success that it undoubtedly is. I feel extremely proud to be a member of its nursing staff."

#### MUSIC HATH CHARMS.

The ancient faith in music as a healing agency is being revived by many strange cures reported from the military hospitals. Members of the concert parties sent out under Miss Lena Ashwell's "Concerts for the Front" scheme report two wonderful cases. Once when Mr. Ernest Groom was singing "Mother Machree," an Irishman who had completely lost his memory as the result of a wound or battle-shock, suddenly recovered it; the song had touched a familiar chord and his cure was complete, while Miss Helen Mott tells of a boy who unexpectedly recovered his speech under similar circumstances. These cases are by no means unique. In fact, an R.A.M.C. doctor was heard to remark that one concert did more good to his patients than several nerve specialists. Any contributions towards defraying the expenses of the Concerts at the Front fund may be sent direct to Miss Lena Ashwell, Chairman, at 36 Grosvenor Street, W., and will be gratefully acknowledged.

Lord and Lady Desborough, who have lost their two sons in the War, are among those who seek solace for their loss in helping war workers. They have been entertaining, at their beautiful riverside home, Taplow Court, parties of nurses on military service. Nurses from Canada and South Africa spend short leave from the front there, and one or two nurses from the Serbian Hospitals have been recent guests. Lord Desborough, although at Harrogate for his health, has taken the warmest interest in the arrangements, and Lady Desborough recently made a special journey from Harrogate to welcome some of her guests.

#### JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

*Aberdare, Merthyr Auxiliary Hospital, Aberdare.*  
—Miss M. E. Price.

*F.A.D. Hospital, Bridge School, Witham, Essex.*  
—Miss J. H. Dunne.

*Waverley Abbey Military Hospital, Farnham, Surrey.*—Miss M. O'Dwery.

*F.A.D. Hospital, Clitheroe, Lancs.*—Miss G. E. Young.

*Woodbastwick Hall, Norwich.*—Miss C. M. Green.  
*Norfolk War Hospital, Norwich.*—Miss L. Huggins.

*Little Charlton Manor, East Sutton, near Maidstone.*—Miss M. E. Nolais.

*Red Cross Hospital, Hoole House, Chester.*—Miss F. Piza.

*Mill Dam, South Shields.*—Miss J. A. Buxton.  
*Crewe Hill Hospital, Downend, near Bath.*—Miss Sorrell.

*Llynerthan, Castleton, Cardiff.*—Miss R. Belcher.  
*F.A.D. Hospital, Brooklands, near Weybridge.*—

Miss M. G. A. Macdonnell.

*F.A.D. Hospital, Broughall Cottage, Whitchurch, Salop.*—Miss E. M. Blease.

*Cluny Red Cross Hospital, Swanage.*—Mrs. Dunster.

*Timberhurst, Auxiliary Military Hospital, Bury, Lancs.*—Miss E. E. L. Jenkins.

*Holm Mead Hospital, Lymington, Hants.*—Miss E. Smith.

*Highfield Hospital, Malton, Yorks.*—Miss K. Parker.

*Red Cross Hospital, Darley Dale, Derbyshire.*—Miss M. L. Frith.

*F.A.D. Hospital, Baglan Hall, Briton Ferry.*—Miss G. Mason.

*F.A.D. Hospital, Bridge School, Essex.*—Miss J. Croxford.

*F.A.D. Hospital, Oakley Manor, Shrewsbury.*—Mrs. Alchin.

*Waverley Abbey, Farnham, Surrey.*—Miss M. E. Hall.

*F.A.D. Hospital, Southborough, Tunbridge Wells.*—Miss S. Webster.

*F.A.D. Hospital, Norton-s-Hamdon, Somerset.*—Miss F. H. Berry.

*Military Hospital, Grove Road, Richmond, Surrey.*—Miss L. Uph.

*Langstone Towers, Relief Hospital, Havant.*—Miss M. Hickley.

*F.A.D. Hospital, The Norlands, Erdington.*—Miss J. S. Holmes.

*F.A.D. Hospital, Quarry Place, Shrewsbury.*—Miss A. Garbutt.

*Red Cross Hospital, Urmstone, Eastbourne.*—Miss I. M. McIntosh, Miss E. Bent.

*Princess Christian Hospital, Northwood Hill.*—Miss M. Berry.

*Kempstone Hospital, 3, Granville Road, Eastbourne.*—Miss C. Brunelle.

*Red Cross Hospital, Filsham Park, St. Leonards-on-Sea.*—Miss G. Moss.

*St. John's Hospital, 14, Holmesdale Gardens, Hastings.*—Miss L. Fearn, Miss S. Fearn.

*Lund Wood Hospital, Barnsley, Yorks.*—Miss D. Gear, Miss E. Mahony, Miss E. G. M. Parker, Miss C. M. Harrison.

Miss Swift, Matron-in-Chief, would be glad of more applications from trained nurses, as the need is very great. They are invited to apply at St. John's Gate, Clerkenwell.

Eight Sisters left for France last week to replace those who are coming home.

Princess Victoria and the Grand Duchess George of Russia on Saturday last paid a surprise visit to the County Hospital, York, and gave much pleasure by visiting the military wards. The Princess gave a small present to each soldier. The Children's Ward was also visited.



## EASTCOTE VOLUNTARY AID HOSPITAL.

*Wings*, the official organ of the Women's Total Abstinence Union, has a delightful account, by F. Forsaith, of the work being done at Fieldend Lodge, Eastcote, the beautiful home of Mrs. B. J. Hall, the Hon. Sec. of the W.T.A.U., now given up to the care of wounded soldiers. "Power, love and sound judgment," the gifts of God of which St. Paul writes to Timothy, are the characteristics of her work. An efficient Sister-in-Charge superintends the nursing, and there have been between 40 and 50 operations in the beautiful little operating theatre since the hospital was arranged.

equanimity the chance of being wounded again so as to get back to Fieldend Lodge. One, writing recently from the trenches, said he hoped it would soon be his turn again. "Tell Nurse Hall I am hoping soon to be asking for the walking-sticks (crutches) again." The Sister walking through the wards one night with her lamp, to see that all was well, was told in a whisper by one of her patients: "I don't care if I don't go to Heaven now; I've had a taste of it here."

Every man is asked to sign the pledge before he leaves, and the majority do so; each receives from Mrs. Hall a little khaki Testament and there are many heart-to-heart talks with them on the eve of their departure. Who can estimate the



V.A.D. HOSPITAL, FIELDEND LODGE, EASTCOTE.

During the summer the lovely grounds have been a paradise of open-air treatment for the men, where they may be seen enjoying hammocks and garden chairs and (in the case of many) games of croquet with tea on the lawn. The fine old-fashioned kitchen has been transformed into a Common Room for writing letters, &c., and for meals. Two motor-cars are constantly in requisition taking the men for rides through the country lanes, while concerts and entertainments are furnished by local friends. Under such favourable conditions the recoveries have been most satisfactory, and it is small wonder that those who enjoy such hospitality and kindness are full of gratitude and sorry to leave and even face with

blessing to these men of the weeks spent in such a hospital, in an atmosphere of generous kindness and Christian helpfulness and human sympathy? The influence of it all goes far beyond the men themselves and touches other hearts and lives. A father who came to visit a wounded son, said: "I brought you down a bottle of rum, but I'm taking it back, my boy; I'm not leaving it in a place like this."

Mrs. Hall is full of praises of the wounded men, and treasures many of their sayings and letters. She needs all sorts of things for the men—shirts, socks, slippers, and comforts of all kinds.

We are indebted to the Editor of *Wings* for the loan of illustrations.

## HANG OUT YOUR FLAGS.

RED CROSS APPEAL TO THE COUNTRY  
FOR "OUR DAY."

London and the Provinces ought to be well flagged on October 21st—"Our Day"—for the succour of British wounded on the far-flung battle fronts in this world's War. The British Red Cross Society and the Order of St. John appeal to the authorities of every public building, club, stores and hotel, and to every householder who possesses a Union Jack or national ensign, to make a brave display on "Our Day." Everybody in the town, streets, and on the country roads, will, of course, be wearing the little Red Cross badge as an emblem

## OUR ROLL OF HONOUR.

*Canada records the loss to the Canadian Army Nursing Service of Matron Jessie B. Jaggard in the following terms:—*

## MATRON JESSIE B. JAGGARD.

Matron Jessie B. Jaggard, born at Wolfville, King's County, Nova Scotia, received her training at the Massachusetts General Hospital. On completion of her course, her ability being well marked, she became Superintendent of the Morristown State Hospital, Philadelphia, and later filled the same post at the University Hospital, Philadelphia. After some few years she resigned to



SIR JOHN JELICOE WARD, EASTCOTE HOSPITAL.

of charitable giving in the noble cause; but a profusion of national colours on the large buildings of a city and from the windows of private residences will serve as a useful reminder of the mission of mercy which "Our Day" is designed to benefit.

At most of the leading hotels, gifts of choice flowers and fruit, together with game from historic estates, will be on sale.

Orders for flags have reached Miss May Beeman by the thousands at 10, West Bolton Gardens, S.W., this week. A large consignment was despatched to Malta recently. Offers of assistance for the New Zealand, South African and Canadian sections will be gladly welcomed by Miss Beeman. We have no doubt the public will subscribe munificently.

marry a prominent American, Mr. Herbert Jaggard, President of a well-known railway.

As soon after the outbreak of war as personal affairs permitted, Mrs. Jaggard volunteered her services to the Canadian Militia Department. She was promptly accepted and appointed Matron. On arrival in England in May, 1915, she was posted to Shorncliffe, where a Canadian hospital was being established at Moore Barracks. Here she worked hard and earnestly, and succeeded in getting the hospital in good working order. On August 1st the unit of which Mrs. Jaggard was Matron was ordered to the Mediterranean. Full of enthusiasm, with which she inspired her staff, they sailed for Lemnos with No. 3 Canadian Stationary Hospital. Conditions there were, at

first found to be difficult and trying; many of the Sisters fell ill, and in her endeavour to make everything as comfortable as possible for both nurses and patients Mrs. Jaggard undermined her strength. On September 16th she herself became a patient, and died on the 25th.

Mrs. Jaggard was a cousin of Sir Robert Borden, Canada's Prime Minister. She was a woman of strong and determined character, a zealous, earnest, assiduous and conscientious worker. Of no one can it be more truly said "Gladly did she live and gladly did she die."

A sympathetic obituary notice of the death of Nursing Sister Mary Eliza Frances Munro, Canadian Army Medical Corps, who died at Mudros, Island of Lemnos, on September 7th, also appears in *Canada*. She was a Canadian, a graduate of the City Hospital, Boston, U.S.A., and a member of the Society of Superintendents of Training Schools, U.S.A. She died of overwork and dysentery, and will be deeply mourned.

## APPOINTMENTS.

### MATRÓN.

**Birmingham and Midland Ear and Throat Hospital.**—Miss Emily L. Ross has been appointed Matron. She was trained at Hampstead General Hospital, where she was Sister and Night Sister, and has also been Night Sister at the S. Devon and Cornwall Hospital, Plymouth, and Matron at the Cottage Hospital, Pontypriid.

**Letchworth Hospital, Letchworth.**—Miss C. H. Clayton has been appointed Matron. She was trained at the London Temperance Hospital, where she has held the positions of Sister in medical and surgical wards, Night Superintendent, and Home Sister. She is a certified midwife, and holds the diploma of the Royal British Nurses' Association.

### INTERIM MATRON.

**Adamson College Hospital, Cupar.**—In connection with her appointment as Interim Matron of the above hospital, Miss Hélène Halka de Rutkowska asks us to say that she is of Polish not Russian nationality. Her father—a Polish noble, from Russian Poland—was over forty years professor of languages in Halifax, England.

### NIGHT SUPERINTENDENT.

**Perth War Hospital, Glasgow Road, Perth.**—Miss Catherine J. Gray has been appointed Night Superintendent. She was trained at the Infirmary, Birmingham, and has been Ward and Theatre Sister, Junior Night Superintendent, and Assistant Matron at the St. Marylebone Infirmary.

### NIGHT SISTER.

**Victoria Hospital for Sick Children, Hull.**—Miss Maud Cobley has been appointed Night Sister. She was trained at the District Infirmary, Ashton-under-Lyne, where she has been Ward Sister and Sister of the X-Ray Department.

### SISTER.

**Manchester Royal Eye Hospital.**—Miss Constance Mary Fairclough has been appointed Sister.

She was trained at Stafford General Hospital; and has been Sister at the Red Cross Hospital, Eccles.

**Maina and District Hospital.**—Miss Kate L. Ball has been appointed Sister. She was trained at the Walsall and District Hospital, and for eighteen months was Staff Nurse at the National Hospital, Queen Square, W.C. She also holds a certificate for massage and electrical treatment.

**York County Hospital.**—Miss S. E. Midgery has been appointed Sister. She was trained at Leeds City Hospital, Seacroft, and for four years at the Leeds General Infirmary.

### CHARGE NURSE.

**Union Infirmary, Oldham.**—Miss Edith Russell has been appointed Night Charge Nurse. She was trained at Green Bank Infirmary, Plymouth, and has since been Ward Sister at Lake Hospital, Ashton-under-Lyne.

**Oulton Union Infirmary, near Lowestoft.**—Mrs. Eliza Jane Doy has been appointed Charge Nurse. She was trained at Sculcoates Infirmary, Hull, and has been Charge Nurse under the Parish of Reading.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Principal Matron Miss S. E. Oram, R.R.C., to be a temp. Matron-in-Chief (September 11th).

### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Ladies appointed Nursing Sisters: Miss Marguerita A. Currie and Miss Emma J. Gray; October 9th, 1915.

Nursing Sister permitted to resign the service: Miss Annie W. Joss; August 18th, 1915.

The date of the resignation of Nursing Sister Miss Bessie L. Cooper is June 2nd, 1915, and not June 5th, 1915, as notified in the "Gazette" of August 3rd, 1915.

### QUEEN VICTORIA JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Miss Annice Orme is appointed to Tipton, as Assistant Superintendent. Miss Orme received general training at the North Stafford Infirmary, midwifery training at Gloucester, and district training at Liverpool. She has since held several appointments under the Institute, including that of Assistant Superintendent of Devonshire C.N.A. Miss Marguerite Dancey is appointed to Hugglescote; and Miss Sarah B. Rowland, to Bury.

### MEDAL FOR NURSES IN FRANCE.

M. André Hesse, the well-known deputy, proposes that the medal commemorating the campaign against Germany, which is to be awarded to all soldiers and sailors who take part in it, shall also be granted to all nurses engaged in tending contagious cases, and those serving in places subjected to enemy bombardment.

As some of the very best work is done by nurses at military base hospitals, we hope there will be no distinction made between them and their colleagues as proposed by M. André Hesse. Merit alone should determine such a reward.

## NURSING ECHOES.

Miss Kent writes from Toronto that she is still "a picker up of Learning's crumbs," but says nothing of returning to England. She and Miss Hulme are shortly going to New York to study many questions of social importance.

The Nurses' Missionary League will hold its Annual Sale of Work on November 6th, at Sloane Gardens House, S.W. In spite of the many claims made upon everyone at this time, the Committee would earnestly invite help. The past year has brought the League fresh opportunities for usefulness, and it depends largely upon the Annual Sale for its income. Useful or fancy articles, especially undergarments and children's clothes, comforts for the troops, cakes, sweets, or money, will be gratefully received, and should be sent to Miss H. Y. Richardson at the above address. Will N.M.L. members and friends kindly help to make the sale widely known?

Just now many missionary societies are feeling the effect of the war in reduced subscriptions and donations, while their opportunities for usefulness are constantly extending. There is, we know, a limit to giving, but, so far as is possible, our gifts in support of war funds should not be made by stopping regular subscriptions, but by a readjustment of expenditure. We must shoulder our own burden, not place it on the charities which we regularly support.

Miss Richardson will be At Home to nurses at 52, Lower Sloane Street, in the mornings and afternoons of Thursdays this month. A Quiet Day is being arranged for St. Andrew's Day, November 30th.

Nurses will rejoice that Monday saw the "no treating" order in force throughout London and district. Mistaken kindness upon the part of the public in paying for drink for soldiers between meals has often resulted in trouble. Good food or a cigar may still be offered, to keep up good feeling between the public and their protectors. Alcoholic drink is no man's friend.

The sad death in a bath of an Assistant Nurse in a metropolitan hospital has several lessons for the Nursing Profession. In the first place the nurse who found her in the bath stated at the inquest that the deceased was lying under warm water which was five inches from the top of the bath. She raised her head, and, there

being no sign of life, she placed her back in the bath and informed the Night Sister, who telephoned for the doctor on duty. In reply to the Coroner, the nurse said that she did not let the water out of the bath till the Sister came, as she thought she ought to let an official see her; but surely the possibility of resuscitation should take precedence of every other consideration. To let off the water and at once get help was the right procedure.

In the next place, the doctor in his evidence stated, from the signs present, that in his opinion the nurse was standing in the bath when she was seized with an epileptic fit, and falling, struck her head on the side of the bath. A blow on the head would paralyse breathing, and he did not find water in the lungs. In his opinion, death was due to suffocation from immersion following an epileptic fit. The deceased girl's sister, who is a nurse in the same hospital, stated that three or four years ago she had epileptic fits. It cannot be too strongly insisted that no woman with such a physical disability should be allowed to train as a nurse. Setting aside the instability of her nervous system, the fact that her liability to a fit at some critical moment constitutes a grave danger to herself, as well as danger and alarm to the patients in her charge, should be regarded as an insuperable disqualification.

## NATIONAL UNION OF TRAINED NURSES.

A Medical Relief Expedition is being sent to Russia shortly to give help to the Polish refugees whose land is devastated, whose houses and possessions are burnt, and who have fled into Russia. It is hoped to send bales of clothing from the National Union of Trained Nurses, as it is thought that this is an object to which all the members would probably like to contribute. Suitable articles would be infants' clothing; children's clothing, such as petticoats, socks, dresses, pinafores, and little boys' trousers; women's clothing and warm shawls; and socks, shirts, and knitted waistcoats for old and infirm men. The most suitable colours are blue or grey. Gifts for inclusion in the first N.U.T.N. bale should be sent to the Secretary, 46, Marsham Street, Westminster, S.W., before November 1st.

As we go to press on October 13th, Miss Violetta Thurstan is giving a lecture on her experiences with the Belgian and Russian Red Cross, at the Women's Union, Lime Grove, Manchester. The members of the N.U.T.N. hope for a good audience to meet their organizing secretary.



## A CASE FOR KITCHENER.

### FLAGRANT INJUSTICE IN A MILITARY HOSPITAL.

The whole of the staff at the Endsleigh Palace Hospital for Officers, W.C., is seething with indignation, and no wonder, for a piece of tyranny is being attempted which we feel sure will arouse the indignation of the whole nursing profession.

As our readers are aware, this hospital of 100 beds has been organized for the treatment of sick and wounded officers, and is financed partly by the War Office and partly by public subscription. It was opened last July, when a highly qualified nursing staff was appointed. Miss Florence Tubbs, holding the certificate of Guy's Hospital, and high credentials, was appointed Matron, since which time no complaint has been made to her concerning the administration of the institution.

The surprise and indignation, therefore, of Miss Tubbs may be imagined when the Chairman of the hospital, Sir Archibald Williamson, informed her on Friday, 8th inst., that the Committee desired her to leave at once, that she had better go the next morning, as if she were going away for a week-end, and not return. This Miss Tubbs said she could not do. The Chairman then required her to give her solemn word of honour that if she stayed for a week, she would not mention her discharge to the staff. In her agitation, the Matron gave this promise, but later came to the conclusion that such a demand was absolutely indefensible, and telephoned Sir Archibald Williamson that she intended to inform the senior Sisters of the matter. This she did, and naturally aroused in these ladies a sense of outrage and warm indignation, whereupon they one and all, the nursing and domestic staff, sent in their resignations, unless justice was done to the Matron, as the reasons given to her by the Chairman for her summary ejection appeared to them of the most frivolous description.

Lady Williamson, wife of Sir Archibald, and joint Hon. Secretary, then took occasion to interview the Sisters and the head cook, and attempted to influence them to withdraw their resignations. They were informed that the dismissal of the Matron was at the instance of the War Office. Later, they telephoned to the War Office for information, and were informed by the officer concerned that he knew nothing of the affair. He later received the Matron and Sisters at the War Office, after having seen Sir Archibald and Lady Williamson, and of course maintained a judicial attitude on the question.

The Matron was subjected to further insult upon the part of Lady Williamson's private secretary, who went to her room on Saturday last to pay her salary, and said she had been told to stay there until the Matron had left the building. This Miss Tubbs refused to do.

We learn that the medical staff, which is composed of some eighteen specialists, met in consultation on Monday evening—a meeting at which Sir Archibald Williamson was present, and that later their delegate interviewed the Matron, and told her that they were of opinion that she must leave on Saturday, but they hoped she would influence the Sisters to remain in the hospital and be loyal to the Committee—a decision upon the part of the medical staff which we deeply regret, as they would be the very last to permit one of their own cloth to be summarily ejected from office by four members of the Committee, without being informed of the charges made against him, and afforded an opportunity of self-defence.

The nursing staff are determined that this injury shall not be inflicted on the Matron without the fullest publicity. As the case stands at present, the Matron is to be turned out on Saturday. The whole nursing and domestic staff have resigned, and intend to leave the hospital with her.

The following resolution has been unanimously adopted by the Staff and sent to the Press:—

#### RESOLUTION.

We the nursing and domestic staff of the Endsleigh Palace Hospital for Officers beg to offer our most indignant protest against the manner in which the Committee has attempted to summarily eject the Senior Nursing Officer, Miss Florence Tubbs, without acquainting her with the accusations against her, or affording her an opportunity of self-defence.

We one and all beg to give notice that if justice is not at once done by the Committee, and Miss Tubbs reinstated as Matron, it is our intention to leave the hospital with her on Saturday October 16th. But before taking this serious action we desire to appeal through the press to the public who have provided the means to finance this hospital, to see that justice is done, so that our patients, who are military officers, may not in any way suffer from the course of action which we feel compelled to adopt.

We beg to inform the public of the names of those who compose the Committee of the Endsleigh Palace Hospital for Officers, Endsleigh Gardens, London, N.W., so that they may know who are the persons who are individually and respectively responsible for this tyrannical action.

*Chairman.* Sir Archibald Williamson, Bart., M.P.

*Vice-Chairman.* Lord Colebrooke, C.V.O.

The Right Hon. A. J. Balfour, M.P., The Lady Balfour of Burleigh, Sir Alexander Hargreaves Brown, Bart., Mrs. George Byron, Sir Thomas Glen Coats, Bart., The Duke of Devonshire, G.C.V.O., Sir Rickman J. Godlee, Bart., K.C.V.O., M.S., F.R.C.S., the Right Hon. Lewis Harcourt, M.P., Lord Inchcape, G.C.M.G., K.C.S.I., the Right Hon. Walter Long, M.P., Lady White Todd, Miss Izme Vickers.

*Joint Hon. Secretaries.*—Sir George Younger, Bart., M.P., The Hon. Lady Williamson.

*Hon. Treasurer.*—Sir William Plender.

In our opinion this deplorable condition of affairs arises primarily from defective organization in auxiliary military hospitals, whereby a few persons of wealth are permitted to assume control and management of hospitals, the majority of whom have neither knowledge nor qualifications for the task. Women who know nothing of trained nursing, or sanitary and domestic science, are placed in authority over experts in these departments.

The professional nurses, because they are paid, are often treated by these autocrats with a lack of courtesy they dare not exhibit to their own domestic servants. The whole system is the acme of snobbery, and one which has aroused a sense of bitter resentment throughout the ranks of the nursing profession.

In the case before us we find a minority of a committee, composed of Sir Archibald Williamson and his wife, and two other persons, met, condemned the senior nursing officer unheard, and determined to get rid of her. They ignored the very basis of British law, that an accused person is innocent until he is proved guilty, as they deprived this lady of the elementary right to defend her good name from secret aspersions.

The worst feature in this case is that the Chairman of the Hospital suggested to the Matron that she should practically commit professional suicide by slinking out of the building, as if she were a criminal, without the knowledge of her colleagues. A more cowardly suggestion has never been made, and we congratulate Miss Tubbs that she refused to be victimized.

The Matron and Sisters are acting under legal advice, but the only voice which is likely to have any influence on the Committee of the Endsleigh Palace Hospital for Officers is the *vox populi*, expressed with no uncertain sound, and we hope that it will unite with us in demanding protection for the nursing staff of this public institution, supported by the taxpayer and the public, from intolerable injustice, so that their valuable services may be retained for the patients who so greatly appreciate them.

## OUTSIDE THE GATES.

### WOMEN.

The subject chosen by the Executive Committee of the National Union of Women Workers for the principal place in the discussions of its Annual Conference was "Woman's Share in the Work of Reconstruction after the War." It was the chief topic at the Meeting for Girls on the afternoon of Monday, October 4th, when the President, Mrs. Creighton, urged that young women must make themselves ready for hard work as women did not prepare themselves in former times, and also at the great evening meeting on October 6th, and throughout the day on October 7th.

The morning and afternoon on Tuesday and Wednesday, October 5th and 6th, were devoted to the Annual Meeting of the National Council of Women, the Governing body of the N.U.W.W. and were all too short for the business brought before it.

### AMENDMENTS TO THE CONSTITUTION.

Two Amendments to the Constitution were adopted; the first proposed by Mrs. Ogilvie Gordon, providing that any member of the Council should have the right to require that the voting strength, for and against, be appended to Resolutions for purposes of publication, and use; and the second, proposed by Mrs. Creighton from the chair, providing that a new President should come into office in the January following her election, instead of immediately after it, in October.

### RESOLUTIONS.

Of fourteen resolutions only six could be discussed, amongst those eliminated being one urging the Government to put a comprehensive measure for the control of the Liquor Traffic in the forefront of their legislative programme of social reforms; another to have been moved by Miss E. S. Haldane, LL.D., on behalf of the Sheffield Branch, expressing the conviction "that the presence of suitable women on Boards of Management of all hospitals, sanatoria, asylums, dispensaries, and nursing institutions is eminently necessary in the interests of the patients, of the nurses, and of general efficiency," and urging that legislation should be introduced "by which all Local Authorities which have such institutions under their control are required to appoint women on each Board or Committee of Management" and asking the Executive "to consider the best means for procuring the recognition of this principle by voluntary hospitals."

Resolutions were carried (1) urging the Government to promote the appointment of suitable women to carry out Police Duties in relation to women and children, and (2) that the powers, salaries, and pensions of women police constables should be equal to those of men constables; (3) that where, on account of war, women are employed to take the place of men, rates of payment should be at the same rate as those of men, and (4) expressing the opinion of the Council that

Day Trade Schools for girls are now more than ever necessary for the improvement of the position of industrial women, and urging Local Authorities to establish these schools wherever possible.

In connection with the claim for the extension of the work of Women Patrols to that of Women Police, Mrs. Morgan urged that the preventive work they could do was of enormous importance. Policemen could not be made to understand how to talk to flighty girls, flighty girls knew much better how to talk to policemen.

Mrs. Osler remarked that the Chief of the Denver Police had stated that the best policeman was a woman, and mentioned that the duty was no new one for women, as in olden days it was expressly provided that the freeman when a woman should have no excuse from the duties of watch and ward.

The remaining resolutions, on State Registration of Nurses and the organization of a Poor Law Service (both of which were adopted) have already been dealt with in this journal.

The Conference proper closed with the special service in St. Margaret's, Westminster, when the Bishop of London who preached, said that he always made a rule of speaking to women as he would to men, and he found he was not far wrong in so doing.

We cannot avoid reference to the scant space given by the daily press to reporting the deliberations of this Women's Parliament; by some papers it was altogether boycotted, others devoted one or two inches of space to notices of speeches on important subjects much above the average of those delivered by either women or men.

## BOOK OF THE WEEK.

### "THE MOUNTAINS OF THE MOON."

It is always delightful when fresh soil is turned over. The plot of this book is distinctly original, and its character drawing excellent.

It is solely confined to the family of Lord Downham, and its collaterals. Pleasant, easy, useless aristocrats.

The immediate family consisted of Lord and Lady Downham, their son Dicky, and daughter Tempe, Lady Downham's brother the Hon. Reginald Shenston, and old Lady Adelaide the Marquis's aunt. Last but not least comes Mr. Grey, whose advent disturbs the even idle tenour of their way. We may condemn the life of the idle rich, but we confess to a great deal of repose in their atmosphere in these strenuous times, when everything has to be measured by £ s. d. But we must hasten to point out that Mr. Beresford does not leave us or them in the *dolce far niente*—not at all. We feel a little aggrieved that he couldn't let them and us be instead of do, though we, of course, applaud the principle.

\* By J. D. Beresford. Cassell & Co., Ltd., London and New York.

Shortly, Mr. Grey the Socialist is the son of the elder half-brother of the present Marquis. More than thirty years before the story opened this pleasant, irresponsible, and undoubtedly immoral young man had, in order to get him out of England, been sent to Canada for two years. He there contracted a marriage with a woman of noble character, though far his inferior in birth. He deserted her within a few weeks, and after a series of frauds returned to England. His marriage was never divulged, and his brother, the present Marquis, succeeded unsuspectingly to the title.

Arthur Grey, Socialist, and professor of economics, accepts an invitation to stay with the Downham family, they having no idea of his identity.

The opening chapter discloses Lady Downham trying to post herself with Mr. Grey's book before his visit.

"I'm very interested in Socialism" she said with a puzzled frown to her brother. "I think one ought to understand these things."

Shenston smiled at the spaces of the room.

"But what's the present object?"

"The man's coming to tea this afternoon. . . . And you could tell me all I want to know in ten minutes," said his sister.

"What a heavenly condition," he remarked.

"If I could find someone to tell me a tenth of all I want to know in ten years I'd go off to an island somewhere and sit at his feet."

"Don't be silly, dear," pleaded Lady Downham.

"The man may be here directly."

"Let him tell you what he means then, my dear Caroline."

"But I must pretend I've read his book."

Shenston sighed, but his habitual formal smile lingered about the set lines of his mouth.

The other members of the family are at Goodwood, and arrive back shortly after Mr. Grey is announced.

Dick and Lady Tempe explain that they have left their father behind.

"He was towing us after him to go and talk to the Duke," said Tempe, "and he is such an infernal old bore, isn't he? We couldn't find Jakes. He was probably putting his shirt on the last race. But Dickie found the car and drove me home. We got in front of the crowd and made a record time."

Mr. Grey is invited to join the family at their annual and much disliked visit to Stratton, their Devonshire place.

Mr. Grey preaches his gospel of useful lives and unearned wealth to Lady Tempe, and is treated by her with a well bred insolence that is very cleverly portrayed.

Certain newspaper paragraphs relating to a claim to the peerage arouse Shenston's suspicions, and the dénouement does not disappoint.

Of course, Grey falls in love with Tempe, and in spite of her scornful demeanour she succumbs to the attractions of his high ideals.

He rejects the idea of pressing his claim. In-

deed, it was much to his chagrin that his true relation to the family was made known. But it was obvious that if his love affair with Lady Tempe was to go forward it had to be faced.

Shenstone we consider a wholly delightful person, and we are quite sorry to bid him farewell. A most original and attractive story. H. H.

### COMING EVENTS.

October 10th.—National Association for the Prevention of Infant Mortality. Lecture on Venereal Diseases in relation to Still-birth and Infant Mortality. Dr. Eardley Holland. 1, Wimpole Street, W. 3 p.m.

October 10th.—Church League for Women's Suffrage. Address by Dr. Helen Hanson on Hospital Work in Serbia. Caxton Hall. 8 p.m.

October 25th.—Central Midwives Board. Examination in London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne. The oral examination follows in a few days' time.

### LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### GREATER CARE REQUIRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I hope it will be distinctly understood that, in opposing State Registration of Nurses at the Annual Meeting of the National Council of Women, in London last week, Miss Shuter was only expressing her own individual opinion. The three delegates of the Irish Nurses' Association, which is affiliated to the Council, were Miss Huxley, Miss Carson Rae and Miss Reeves; and the two former, who were present, of course voted in the majority for registration, as that is the considered policy of our Association. I think, however, we Irish nurses should be informed by the Executive of the N.C.W. how it is that a lady who is not a delegate can attend the meeting and speak against resolutions, and, if she feels inclined, vote. Surely greater care is required in excluding the general public from the official meetings of delegates, if the policy of the affiliated societies is thus open to misrepresentation. With gratitude to you and Mrs. George Cadbury for once more advocating justice for our long-suffering profession, and to the National Council of Women as a whole for its support on the Registration question,

I am, yours truly,

A MEMBER OF THE IRISH NURSES' ASSOCIATION.

### WORTH CONSIDERATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Do you not think it would be very nice if some badge could be given to the nurses who are working in the wards of civil

hospitals which are given over to military patients. Many hospitals have nearly half their beds occupied by wounded soldiers, and are attached to the military hospitals as Auxiliary Hospitals. All nurses cannot go abroad, much as they would like to. These wards must be staffed, and the nurses would feel it an honour to wear a badge showing that they too are serving their country specially. The army nurse is known by her uniform, but the nurse in ordinary uniform, who has no badge feels she may be thought a slacker, yet she is doing her part for the soldiers as far as she can. Even the V.A.D. are known. The wearing of a badge might compensate to some who for duty's sake to their hospital are working in the military wards of the civil hospitals, when they would rather be on active service abroad. It is worth consideration by the proper authorities, don't you think? if put before them.

Yours faithfully,

ONE OF THE NURSES.

### THE CENTRAL MIDWIVES BOARD.

We regret that owing to the space we have devoted to our report of the proceedings of the Select Committee of the House of Lords on registration of Lying-in Homes, &c., we have been obliged to hold over the report of the meeting of the Central Midwives Board till next week.

### NOTICE OF REMOVAL.

The office of the A.T.N.A. has been moved from the Equitable Building, George Street, Sydney, to the British Medical Association Building, 30-34, Elizabeth Street (near Hunter Street), Sydney, New South Wales.

### FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps service in France can be interviewed by arrangement with the Hon. Secretary, 60, Nevcrn Square, Earl's Court, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, Oct. 15th, and Monday, Oct. 18th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' training. Experience in fever nursing is an additional advantage.

### OUR PRIZE COMPETITIONS.

October 2nd.—What is a "saline" (saline fluid); give its uses, and describe the method of giving a rectal saline?

October 30th.—State briefly what you know of the symptoms and treatment of Thrush, Snuffles and Convulsions in the newly-born.

### OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.



# The Midwife.

## THE REGISTRATION OF LYING-IN HOMES AND ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT.

On Thursday, October 7th, and Friday, October 8th, a Select Committee of the House of Lords on the London County Council (General Powers) (No. 1) Bill, took evidence in Committee Room No. 2, in support of the Bill, and received Petitions against it, supported by evidence. This Bill makes provision for the registration of lying-in homes and establishments for massage and special treatment, and under it, as introduced, it was intended to register nursing homes.

The Committee consisted of the Earl of Kintore (Chairman), the Earl of Ancaster, Lord Armstrong, Viscount Falmouth, and Earl Ferrars.

The London County Council was represented by the Hon. J. D. Fitzgerald, K.C., Mr. A. B. Clode, K.C., and the Hon. Evan Charteris; and the opposing Borough Councils by Mr. G. M. Freeman, K.C., and Mr. G. O. Bellewes.

We may here point out that Nursing Homes are no longer dealt with in the Bill, having, as Counsel remarked, been "knocked out"; the only way, therefore, in which they will be affected by it is that they will not be able to take in any maternity cases without first registering as Lying-in Homes.

The National Council of Trained Nurses of Great Britain and Ireland, which presented a Memorandum to the London County Council showing clearly the issues involved is to be congratulated on this decision. We understand that the deletion of the Nursing Homes from the Bill is due to the Earl of Donoughmore, Chairman of Committees, who was of opinion that the evils the Bill is designed to meet do not exist to any appreciable extent in Nursing Homes, and was unwilling that any slight should be cast on the honourable profession of nursing.

The point at issue, argued before the Select Committee, was a simple one, namely, whether the provision of the Act should be carried out by the Central authority—the London County Council, which has drafted the Bill—or through the twenty-eight Metropolitan Borough Councils, sixteen of which claim that they are the right authority to carry out the duties, as an extension of their powers in connection with disorderly houses. Both sides were agreed that legislation on the lines of the Bill is urgently necessary.

The case for the London County Council was opened by Mr. Fitzgerald, who explained that the Bill was an omnibus Bill, which had been blocked by opposition to Part VI, in the interests of the Cinematograph Film Traders' Association; but the Home Office attached very great importance

to Part V of the Bill being passed in the present Session, and therefore it was divided into two Bills—Part VI, celluloid, remaining in the House of Commons.

### LYING-IN HOMES.

The learned Counsel pointed out, in relation to Part IV, which deals with Lying-in Homes, that the great majority are managed by registered midwives, persons of respectability and skill; but there is a residue of these homes of a very different character, which are objectionable—partly from the people who carry them on, and partly from the way in which they are carried on. The whole arrangements of the house may be such as to unfit it for use as a lying-in home; and further, the objectionable homes are carried on by persons who are unfit for the position, because they are unskilled, or because they are of bad character, and sometimes a public nuisance. Unmarried girls, often those about to be confined with their first baby, and in answer to advertisements, come up to London to one of these homes to avoid publicity, and it is very desirable that a girl who has had one lapse from virtue should not get under the control of persons of bad character, who would rather direct her than otherwise towards a continued course of immorality.

Counsel instanced one case, in which it was found that the proprietor of one of these homes was the proprietor of several brothels in London, and inducements were offered to the girls admitted to the home to transfer themselves afterwards to the brothels. He also stated that there is ground for believing these homes are used for the purpose of abortion, and there are numerous cases where the horrible practice exists of taking the child away from the mother immediately after its birth for the purpose of getting it "adopted." The relatives are induced to pay money to someone who is, in all probability, a baby farmer, and the child is not seen to, and probably dies at an early age.

It was also pointed out that certain hospitals and institutions are exempted from inspection, also any lying-in home carried on by a duly qualified medical practitioner, certified annually by two duly qualified medical practitioners as a fit and proper person to carry on the home.

### ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT.

When Counsel began to deal with Part V of the Bill, relating to Massage Establishments, the Chairman interposed, "I do not think, Mr. Fitzgerald, you need to take up much time proving the existence of such places. They are a scandal to-day, and a remedy is urgent. I think that is the opinion of us all."

Continuing, Mr. Fitzgerald said that it is common knowledge that places calling themselves massage

establishments, special baths, and many other names, are not massage establishments at all, but places where facilities are given for immorality, to which, not infrequently, quite innocent girls are attracted by advertisements. The attention of the London County Council was directed to the need for the inspection and registration of all such establishments by the Commissioner of the Police of the Metropolis, who "invited the serious attention of the Council to the matter with a view to putting an end to a scandal which has assumed very serious proportions."

Counsel explained that the difficulty at present is that, to inspect such places a warrant is necessary, and a magistrate will not grant a warrant except evidence is furnished which it is almost impossible to secure, so one of the essential provisions of Part V of the Bill enables the official of the L.C.C. to enter any of these registered premises to see what is being done, the effect of which will be to bring the business to an end, or to provide evidence enabling proceedings to be taken.

In reply to a question from the Chairman the learned Counsel drew attention to a clause prohibiting advertising by unregistered lying-in homes or massage establishments. He then proceeded to deal with the opposition, which we have already defined, and pointed out that reputable lying-in homes and massage establishments, while perfectly content with the provisions of the Bill so long as they are in the hands of the London County Council, object most strongly to their administration being handed over to the different Borough Councils. In support of this he handed in a list of resolutions in this sense from the Central Midwives Board, the National Council of Trained Nurses of Great Britain and Ireland, the Incorporated Midwives Institute, the Charity Organization Society, the Mothers' Union, the Provisional Executive Committee of the National Council for the Prevention of Venereal Diseases, and the Executive Committee of the National Vigilance Association, the Ladies' National Association, &c., as well as a Petition signed by Matrons and Superintendents of Nursing Homes, and a list of important societies represented by witnesses.

Counsel then stated that the London County Council had already a skilled staff of inspectors under the Midwives Act, who, with an additional inspector, could deal with the lying-in homes, and the inspectors who deal with the employment agencies could be utilised in connection with the massage establishments, and then read the Petition of the sixteen Borough Councils alleging that their rights and interests will be injuriously affected, and that their rights, powers, and privileges are attacked by several clauses of the Bill.

#### EVIDENCE FOR THE LONDON COUNTY COUNCIL.

Witnesses were then called in support of the Bill as it stands, making the London County Council the registering and controlling authority. They were Mrs. Wilton Phipps, Chairman of the Midwives Act Committee of the L.C.C.; Dr. W. H. Hamer, Medical Officer of Health and

School Medical Officer of the County of London; Miss Rosalind Paget, representing Queen Victoria's Jubilee Institute for Nurses and the Central Midwives Board; the Hon. Frank Trevor Bigham, Assistant Commissioner in the Metropolitan Police Force; Mr. Percy C. Simmons, Vice-Chairman of the Public Control Committee L.C.C.; and Miss Lucy Robinson, one of the founders of the Incorporated Society of Trained Masseuses. All were emphatic that the power of administration should be vested with the Central Authority, the L.C.C.

Mrs. Wilton Phipps, in her evidence, referred to the very largely signed petition from Matrons and Superintendents of Nursing Homes, to which reference has already been made, in which they strongly objected to powers of administration being given to the Borough Councils as an extension of their powers under the Disorderly Houses Act, and (in the words of the National Council of Trained Nurses) earnestly petitioned the London County Council not to "cast so grave a slur upon a section of the nursing profession which is rendering indispensable service to the public," and expressed the opinion that "such action would be most disastrous in the interests of the community."

Dr. Hamer stated that the number of maternity homes kept by registered midwives under the jurisdiction of the L.C.C. was about 100; that the Council knows of some forty or fifty more; and that probably there are more in which the particular evil complained of exists.

Miss Paget stated that the medical women who are inspectors of midwives under the London County Council are exceedingly respected by the midwives. She thought it would be disastrous to substitute for this intelligent inspection the ordinary sanitary inspectors of the borough councils, for the inspection of lying-in homes is a highly technical matter, requiring medical knowledge of a very high sort. Further the sanitary midwives may have been trained by the very midwives of the place they are going to inspect.

Mr. Bigham, on behalf of the Commissioner of Police, gave valuable evidence on Part V of the Bill; and as to the character of many of the establishments advertised as massage establishments. He explained that when dealing with ordinary disorderly houses, the police are able by watching and seeing the characters who go in and out to give *prima facie* evidence that the house is used as a disorderly house; but in these massage houses, generally on the upper floor of a house used by other people, there is nothing to indicate where the particular people go; and it is extremely difficult for the police to get any evidence to enable them to enter the establishment. He referred to the notorious case of Queenie Gerald, who employed a woman dressed as a nurse on her establishment, to give it an air of respectability, and said that this woman is still advertising from another address under another name.

Mrs. Gow spoke on behalf of a number of important philanthropic Societies.

Mr. Percy Simmons described the action taken by the Public Control Committee after receiving a letter from the Commissioner of the Police in 1913, as to the Massage scandals, and the general policy of the Council; and Miss Lucy Robinson spoke, as representing the trained masseuses.

That closed the case for the L.C.C.

#### THE CASE FOR THE BOROUGH COUNCILS.

Mr. Freeman then called witnesses for the Borough Councils, stating that he would address their Lordships afterwards.

Dr. Francis John Allan, M.O.H. for the City of Westminster, claimed that since the notification of births began in 1907 the various boroughs have been gradually developing the care of women in childbirth, and children. He expressed the opinion that the Bill as it stands will cause a needless amount of reduplication of inspection and visiting, which only tends to inefficiency and friction, and that it will cause extra expense which is quite unnecessary, and even if the County Council had the extra staff they are not in the position, and have not the necessary information or means of obtaining it, to carry out the objects of the Bill.

The same line was taken by Mr. T. H. Royston Evans, Alderman in the Borough of Fulham, who suggested in place of the present proposals a slight extension of the existing powers of the Borough Councils in relation to disorderly houses. Dr. J. C. Jackson, the Medical Officer of Health for the Borough, expressed similar views.

The Committee then rose. When it met again on Friday, October 8th, the first witness was Mr. John Hunt, Town Clerk of the City of Westminster, who objected to the proposals of the Bill as an encroachment on the existing powers and duties of the Borough Councils, which already possess the necessary staff and machinery for executing the powers and duties sought by the Bill. These Councils are, he said, already alarmed at the increase of cost of central administration in London. If the powers given under Part V, *i.e.*, in relation to massage and kindred establishments are administered by the Borough Councils, there will be no additional expense except that of prosecution.

In cross examination Mr. Fitzgerald questioned the witness as to the encroachment he alleged on the powers of the Borough Councils, and witness replied that there would be an overlapping of jurisdiction and an interference with powers they already possess. It was put to him that a Borough Council has at present no power to suppress a lying-in home improperly carried on, or if the manager or owner is a person of bad character. "Supposing," he was asked, "it was ascertained that a home was being carried on by a woman previously a prostitute?" Witness replied that if the woman was previously a prostitute but had reformed, of course they would not stop her. It would not be necessary. "Suppose," asked Counsel, "she had been convicted of procuring young girls?" Witness replied they would keep a very close look out on her.

Mrs. Mary Watkinson, Health Visitor for the City of Westminster, and Miss Mary Elizabeth Bibby, Sanitary Inspector in the Borough of St. Pancras, who work under the supervision of the Medical Officers of Health in those areas expressed views in agreement with those of their chiefs.

The last witness was Dr. Charles Porter, barrister-at-law and M.O.H. for the Borough of Marylebone, who gave the number of lying-in homes, apart from hospitals, in that area which would be registered as 3, but said that a certain number of Nursing Homes taking maternity cases will also have to be registered.

This closed the evidence, and Mr. Freeman then addressed the Committee on behalf of the Borough Councils, beginning by saying that the issues were so plain that no long argument would be of assistance to their Lordships. His clients regarded the Bill as important. Part V dealt with a very serious evil, and the Boroughs were desirous to have a remedy applied, but the duplication of authorities was more than unnecessary, it was actually pernicious.

Mr. Fitzgerald, on the other hand, submitted that the question was whether powers should be given to one authority or to twenty-eight. He pointed out that twelve of these Councils had expressed no desire to have them, and would, therefore, hardly be likely to carry them out, if conferred upon them, very actively.

The Committee Room was then cleared. On re-admission of the public, the Chairman asked Mr. Fitzgerald whether, in the event of his clients getting this Bill the London County Council would make use of the services of the officers of the Borough Councils for purposes of inspection.

The learned Counsel replied that he had no instructions on the point from the London County Council, and was not aware that they had ever considered, so he could not answer the question for or against.

The chairman then said:

**"The Committee share to the full the desire of the London County Council, and of the Borough Councils alike, that the evils which Parts IV and V of the Bill are designed to remedy are evils which should be promptly suppressed. We are much indebted to Counsel on both sides for the ability and completeness with which they have presented their case. Considering the urgency of the question, the Committee are of opinion that the Bill should be allowed to proceed."**

The London County Council thus obtained the powers they sought.

Mr. Freeman then asked whether their Lordships would be prepared to give the London County Council power to delegate its powers to the Borough Councils, such as was given in the Midwives Act to the Central Midwives Board. This was agreed.

No doubt the L.C.C. will for the present keep these powers in its own hands, but another Council might be influenced at elections or otherwise to delegate them. The matter is therefore now "subject to politics."

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### PROTECTION FOR NURSES IN MILITARY AUXILIARY HOSPITALS.

The repudiation by the Army Medical Department of any obligation to the nursing staffs of military auxiliary hospitals, to which we refer in another column, is so serious a matter that we feel it our duty to direct the attention of nurses to their position if they take service in these institutions.

A military auxiliary hospital is one approved by the War Office, inspected and subsidized by it, that is to say by the British taxpayer, to the extent of three shillings a day for each patient. The remainder of the funds are raised by lay persons, sometimes gentlepeople, more often plutocratic patrons, who have little respect for working women.

For the War Office to depute its responsibility for making due provision for the sick and wounded to a lay committee, unacquainted with the elements of hospital administration and management, as is usually the case, is a fundamental error prejudicial to the care of the patients in these supplementary hospitals, but trained nurses working in such hospitals—who have suffered many things at the hands of incompetent committees, and super society matrons, who assume control of professional work, because of the accident of their wealth, or social status—have hitherto believed that in a military hospital, whether regular or auxiliary, they work under the authority and protection of the War Office, and that it is their ultimate Court of Appeal. But since the pronouncement of the Under Secretary of State for War, after consultation with Sir Alfred Keogh, the Director General of the Army Medical Service, in the case of the Endsleigh Palace Hospital for Officers, this belief is no longer

tenable. Under the authority of the War Office they certainly work, for all patients in these hospitals are admitted and discharged by War Office officials, but it is evident that Sir Alfred Keogh repudiates all responsibility for the actions of committees, which are permitted to work under its aegis, in relation to the nursing staff, however grossly such committees abuse their power, and however unjustly they may treat professional women dependent on their professional reputation and skill, earned by many years of hard work, for their means of self support, and often for the support of others also.

The matter cannot be allowed to rest here. The trained nurses of this country, whose skilled services are indispensable to the sick and wounded, have a right to just conditions of service, and taxpayers who make a substantial contribution to the upkeep of military auxiliary hospitals, have not only the right to know that the money is properly expended, but have a moral obligation to insure that the staffs of these hospitals are justly treated.

At the present time the position of the nursing staffs in many of the military auxiliary hospitals in which the War Office has delegated its responsibilities to ignorant committees without a nurse representative upon them, is quite intolerable, though until the present time none have had the courage to resign in a body, and state their reasons for doing so, as in the case of the staff of the Endsleigh Palace Hospital for Officers. But all over the country resignations quietly take place, for reasons unstated, matrons and nurses feeling that they can serve no useful purpose by continuing to work under impossible conditions; and the principal sufferers are the patients, who are deprived of the services of excellent nurses who would only too gladly have worked for them devotedly.



## OUR PRIZE COMPETITION.

WHAT IS A "SALINE" (SALINE FLUID)? GIVE ITS USES, AND DESCRIBE THE METHOD OF GIVING A RECTAL SALINE?

We have pleasure in awarding the prize this week to Miss E. A. Noblett, 2nd Northern General Hospital, Headingley, Leeds.

## PRIZE PAPER.

*Normal Salt Solution or Saline.*—A solution of common salt in water is so called because the proportion of salt in the water is the same as that in the blood. In making the solution, sterile filtered water and common table salt are used. To two pints of water are added two and one-quarter teaspoons of common table salt. The solution is filtered through filtering paper into sterile glass flasks, free from the least speck of dust or foreign particles. The filtering is repeated until not the smallest sediment can be detected. The solution is then sterilised.

*Its Uses.*—The saline is in common use at the present day as a substitute for irritating antiseptics, its action being mildly antiseptic and stimulating. In this respect it may be used for dressing wounds, where the surface is extensively denuded, as in burns, in douching or irrigating the bladder, vagina, or rectum. Some surgeons use it in operations involving the serous membrane, especially in irrigating the peritoneal cavity.

Its most important uses, however, are to restore fluid to the circulation after hæmorrhage, for the relief of thirst, especially following an operation, and as a means of stimulating the system in conditions of collapse, shock, and lowered vitality.

Fluid may be restored to the body by enemata of normal salt solution, by steepage, or constant rectal irrigation, by subcutaneous infusion, and, in the severer cases, by intravenous infusion.

The usual temperature is  $110^{\circ}$  to  $105^{\circ}$  F.; when given as a general stimulant,  $120^{\circ}$  to  $110^{\circ}$  F.; when employed to reduce bodily temperature,  $70^{\circ}$  to  $60^{\circ}$  F. In the two latter cases, the saline is given with caution, and the pulse is closely watched.

A saline is also used for other purposes: to irrigate the lower bowel in conditions of chronic entero-colitis, to cleanse the bowel before rectal feeding, for the destruction of intestinal worms.

In some chronic affections of the stomach, lavage of warm saline is given as a regular treatment. It should then be performed daily before breakfast.

*Technique of rectal saline.*—It should be injected as high as possible into the colon, and not more than one pint given at a time to favour retention.

A douche can containing the fluid is attached to the head of the bed, a little higher than the patient's pelvis. The tube is partially clamped, so that the fluid flows drop by drop. The can must be closely covered to retain the temperature, and the bed protected with a rubber sheet in case of oozing. A special short rectal tube, with an olive-shaped expansion, is generally easily kept in place.

Or, a special apparatus resembling a thermos bottle fixed in a stand is now generally used. The cork is fitted with two pieces of glass tubing, to one of which the rubber tubing is attached, the other introducing the necessary air to cause the solution to flow. The rectal tube is attached to the other end of tubing, and before inserting the tube, the solution should be allowed to flow to expel air in tube. The bottle is fixed in the stand and placed on a table a few inches higher than the mattress. The clamp is fixed so as to allow the fluid to escape drop by drop. The method is simple to handle, and has the advantage of keeping the solution at the required temperature. The fixed position the rectal infusion entails makes it a trying process for the patient, and every effort must be employed to make him as comfortable as possible by a judicious arrangement of pillows.

## HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. F. Rossiter, Miss E. J. Shepherd, Miss A. Phipps, Miss E. Bates, Miss E. Clarke, Miss E. M. Streeter, Miss H. M. Springbett, Miss A. B. Owen, Miss H. Kennedy, Miss D. B. Vine, Mrs. Farthing, Miss K. Kohler.

Nurse A. B. Owen writes:—Saline fluid consists of a teaspoonful of common salt dissolved in a pint of boiled water at a temperature of  $105^{\circ}$  F.

In cases of emergency, however, it is not easy to get boiled water, and if the water has to be boiled and then cooled, too much time is wasted, and hence it is necessary to risk the introduction of organisms by mixing the water from a kitchen boiler with a sufficient amount of ice or cold water, to reduce the temperature to the required degree.

A saline does good by giving the heart more fluid to act upon.

Miss Dora Vine writes:—"In cases of hæmorrhage, 'normal saline' is used to replace the volume of fluid lost."

## QUESTION FOR NEXT WEEK.

State briefly what you know of the symptoms and treatment of thrush, snuffles, and convulsions in the newly born.

## TYPHUS FEVER.

On Wednesday, October 6th, Professor Sandwith delivered his second lecture on typhus fever. He said that it was believed by some ignorant people that lice were bred spontaneously on certain individuals. This was sheer nonsense. He then pointed out that lice were never found adherent to the skin, but always to the clothing next to the skin. In some parts of South Africa, where the natives were naked, typhus was unknown. Naked slaves in times past have been found to be immune, whilst the civilised and clothed in the same circles suffered from the disease.

For scientific purposes, these insects are difficult to breed and rear without human food, and it was said of a Dutch investigator that for this purpose he kept them under his garter.

In the South African War, where lice innumerable abounded, the infective organism was never introduced, and in consequence there was no typhus.

At the present time among our troops who are suffering from these pests, and who are at present free from the disease, the causative agent may at any time be introduced, and an outbreak of typhus would result.

Professor Sandwith went on to explain the action of vaccines, and their beneficial results. He said that at this time, while the flower of our manhood were counting their lives as nothing for the nation, every means that science put at our disposal should be used on their behalf. Those who from ignorance or prejudice seek to dissuade the men from using them were either fools or traitors.

The American unit lately sent to nurse our armies in France, among which were seventy-five fully trained nurses, were all inoculated for smallpox, typhoid, and typhus. A New York bacteriologist claims to have isolated the bacillus, and Dr. Wilson, of Belfast, the streptococcus.

Typhus was favoured by conditions of starvation, overcrowding, dirt, and exhaustion.

The useful busy fingers of the women of England were, by providing changes of clothing for the troops—the authorities by the good food and the intervals of rest, which were enforced—all safeguarding the Army from this disease.

The Japanese soldier, he said, well knows the importance of cleanliness, and would not think of doing without his daily bath.

With the Russian Army there was a bath train, where two thousand baths could be taken daily.

It was essential that the troops should be

given opportunities for baths and change of clothing. Ordinary washing would not destroy the vermin. Lysol (15 per cent.), dry heat, and petrol were efficacious.

When the history of the present war came to be written from the medical side, none would be able to say how many lives had been saved by the wonders of prophylaxis. A handful of devoted men and women had in a few short months stamped the disease out of Serbia.

In the height of the epidemic, of the handful of Serbian doctors, eighty died in fifty days. He described the terrible condition of the hospitals during that time, when twelve hundred wounded came straight from the Front without their wounds having been previously dressed. It was easy to say the accommodation should have been limited; it was not so easy to refuse the sick and dying who begged for shelter. But the overcrowding baffled description. The mattresses were close together on the floor; the doctors had to walk on them to get from one patient to another. The wounded and typhus-stricken were together. The death-rate averaged ten a day.

The terrible picture the lecturer drew was climaxed by his saying that, on fresh arrivals of sufferers, the overtaxed doctors and nurses were no longer capable of pity, but only of a weary disgust.

On one occasion they were two days without water, and the piteous cries of the sufferers, "Water, Sister, water," were unbearable.

How was this terrible condition of affairs stamped out in two months? By the root of the mischief being attacked.

Professor Sandwith gave it as his opinion that another outbreak is unlikely in Serbia.

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## SUTURE OF THE SPINAL CORD.

Dr. Girou has described to the Academy of Medicine in Paris a case in which he sutured the spinal cord. The patient was a soldier who was hit by a shell splinter, and the fragment, embedded in the whole breadth of the vertebral canal, completely severed the spinal cord. The operation, performed under disastrous conditions, on a dying man, gave results far beyond anything they were entitled to hope. The patient was now able to move his lower limbs, and his sensory powers were returning, while an enormous sloughing sore, which normally would probably have killed him in a few days, was healing up. The fever had disappeared, and his general condition was good. It is believed this is the first operation of the kind.

## A CRIME AGAINST HUMANITY.

The unspeakable crime committed by the German officials in Belgium in executing Miss Edith Cavell, the English Matron of the Ecole Belge d'Infirmières Diplômées in Brussels, has caused a tempest of righteous indignation not only in the nursing profession, but throughout the length and breadth of the kingdom, which will be shared by every man and woman in the civilized world. A more cold-blooded murder was never perpetrated.

Miss Cavell was trained at the London Hospital, entering its nursing school in 1896, and leaving after five years' experience in private nursing to take the position of Night Superintendent at the St. Pancras Infirmary, Dartmouth Park Hill. Two years later she was appointed Assistant Matron at the Shoreditch Infirmary, Hoxton, where she was not only a very efficient officer, but much loved by the poor of Hoxton, amongst whom, in her off duty time, she did much good work. The poor do not easily forget their friends, and though it is now some eight years since Miss Cavell left Hoxton, on the invitation of Dr. Depage and a committee in Brussels, to become the Matron of the new Nursing School in the Rue de la Culture, she is still remembered with affectionate regard in many a home in the locality.

The Ecole Belge d'Infirmières Diplômées was opened on October 1st, 1907, with four pupils. In 1909, when Miss Cavell attended the International Congress of Nurses in London, as a fraternal delegate, and presented a paper on "Nursing in Belgium," she was able to report that this school, founded to improve the training of nurses, to open a new career to Belgian girls, and to train new aids to the cause of science, had 13 pupils, for whom a varied and practical three years' curriculum had been arranged. By 1912 it had passed the experimental stage, and had 32 pupils training in four different hospitals, each with its trained Matron, and a trained head nurse in each ward. Miss Cavell still held the position of Matron of the school when war broke out. A Red Cross Ambulance was immediately started by the Committee, who equipped a number of beds in neighbouring houses for the wounded of all nationalities. Her nursing staff was to have been distributed among these houses, together with many English and Belgian ladies who had offered themselves in a subordinate capacity, but after the entry of the Germans into Brussels, Miss Cavell put herself and her staff wholly at the disposal of the authorities. She could, had she wished, have left Brussels

with the party of British nurses who, owing to the good offices of the American Consul, were eventually allowed to return, with an armed guard as far as the frontier, by way of Denmark, but refused to do so. After the enemy's occupation of Brussels, she and her staff worked hard and cheerfully among wounded German officers in the Royal Palace.

The charge against Miss Cavell, of which she was found guilty by a German military court, and condemned to death, was that she had harboured fugitive British and French soldiers, and Belgians of military age, and had assisted them to escape from Brussels. According to the Foreign Office statement issued on Friday night, October 15th, she was arrested on August 5th, and executed on the 13th inst., after sentence of death had been passed on her. So far as the Foreign Office is aware, no charge of espionage was brought against her.

The *Daily Mail* correspondent reports that the execution ground was a garden or yard in Brussels. A German firing party of six men and an officer were drawn up in the garden, and awaited their victim. She was led in from a house near by; blindfolded with a black scarf. Until within some thirty yards of the spot where she was to have been shot, though deadly white, she stepped bravely out to meet her fate, but her strength at length gave way, and she fainted and fell to the ground. As she lay there, motionless, the officer in charge of the party drew a large Service pistol from his belt, took steady aim from his knee, and shot her through the head, the firing party looking on. He then directed the soldiers to carry the body to the house, where charge was taken of it by a Belgian woman, acting under the instructions of the Spanish Minister, who had undertaken the responsibility for the body, pending arrangements for its burial.

The execution of Miss Cavell has shocked the whole Belgian community, who speak of it as the bloodiest act of the whole war. Her blood indeed cries aloud for just retribution, and when the day of reckoning comes, the British nation must demand it.

Our remembrance of the martyred woman when with us during the great international gathering of nurses in London in 1906, is that of a resolute woman of forceful character, and a devoted nurse, with deep feeling. She loved the pioneer work in which she was engaged at Brussels, and aroused great interest amongst her colleagues from all over the world who had met to help one another to raise ever higher the standards of education and professional ethics, public usefulness, and the civic spirit amongst trained nurses.



MISS EDITH CAVELL IN THE GARDEN,  
WITH THE FAITHFUL FRIENDS SHE DEARLY LOVED,



Miss Cavell was the daughter of Mrs. Cavell, the widow of the late Rev. J. Frederick Cavell, Vicar of Swardeston, Norfolk. To her mother, who at present lives in Norwich, and who had had no news from her daughter since last April, we offer in the name of the nursing profession our profound sympathy. Words are powerless in such a tragedy, but the whole nursing world will wish to assure the relatives of their colleague of their sorrow in their terrible bereavement.

Sir Edward Grey has asked the United States Government to request its Ambassador in Berlin to make a report regarding the circumstances of this dastardly execution of an Englishwoman.

Our murdered colleague was very devoted to animals, and, in our illustration, is seen seated in the garden, with her two faithful friends, whom she dearly loved.

## NURSING AND THE WAR.

A Sister writes from France:—"When I came here no one took THE BRITISH JOURNAL OF NURSING. Now you should see the fight for it every week, and how eagerly the Sisters enquire for it if it is a day late. We are all delighted over that article 'A Case for Kitchener.' Let us hope a satisfactory answer will be received. Here there have been three Matrons in less than a year, and a successive flow of nurses, simply because the laywomen who get the money from the public to keep it going will interfere with things they know nothing about, and knowing nothing of nursing etiquette, are always treading on professional toes, and disturbing the discipline. It is quite hopeless. Let us hope 'after the War' all nurses who have worked in military hospitals will combine, and have Red Cross nursing systems improved. As you say, at present 'the whole system is the acme of snobbery.' Society women have no more right to supervise and domineer over the nursing profession than their husbands have to dictate to the medical profession. We were sorry to notice that at the Endsleigh Palace Hospital for Officers the medical staff allowed the Matron and nurses to be thrown to the tigers. It was just the same at Barts. We are eagerly awaiting next week's JOURNAL."

The following nurses left England on Saturday en route for the Wounded Allies Relief Committee's Hospital at Kragujevatz, Serbia—Miss Ethel Tyler, Miss Sybil Entwistle (Middlesex Hospital), Miss Sylvia Emily McGillicuddy is going out as lady-cook and general help. Dr. James Blair Donaldson, who is going to the same hospital as Surgeon Radiographer, will travel at the same time.

The Government in South Africa is despatching to Europe a hospital and staff, including about

43 nurses, with a possible 20 more to be enrolled, with Mrs. Creagh as Matron, and during her absence in Europe Miss Mary Nutt, R.R.C., will act as Matron-in-Chief of the South African Military Nursing Service.

The despatch of this contingent of nurses, which may be expected shortly, was suggested about six months ago by the *South African Nursing Record*, which announces with pleasure that the Government has in so short a time decided to send them to Europe. An illustration of the party appears on page 331.

The General Hospital is to be under the command of Colonel Stock, with Lieut.-Colonel Ward (President of the Orange Free State Medical Council) in charge of the medical division, and Lieut.-Colonel Ritchie Thomson in charge of the surgical.

A fund has been raised by our contemporary, to be administered by a small committee of which Lady Crewe is chairman. It is proposed that this shall be expended on the comfort of members of the nursing staff, and it is further suggested that a bureau shall be established in London by means of which the committee will be able to get into touch with any South African nurses who are out of employment, or otherwise stranded in Europe. Through the bureau it is hoped to keep in touch with every South African nurse who comes to Europe during the War.

Miss J. C. Child, R.R.C., is expected to follow shortly with two other sisters. Miss Child, formerly a member of the Registered Nurses' Society, has many friends in this country, to whom this news will be very welcome.

Miss C. Knox Cranford (Nurse), writes from Edinburgh, as follows, to the press, in support of the "Nurses' Bed" for Serbia:—

"Will you kindly allow me, through your columns, to thank very sincerely all those who have so generously and promptly responded to my appeal for a 'Nurses' Bed?' In acknowledging 'with great gratitude,' the first payment of £62 19s., Mrs. Laurie said that the need was more pressing than ever, and it is therefore most gratifying to report, that, instead of having provided only one bed, already £100, sufficient to cover the cost of two beds for one year, has been collected. Some collecting boxes have still to be received, and as I propose to close the subscription list on 30th inst., nurses still desirous of contributing, or any persons wishing in this way to recognise the kindly attention they have received from nurses, will please send me their contributions before that date. It may be possible with their aid to name a third bed or complete a further sum of £25, which would at least maintain one for six months. The beds will be placed in the second Serbian unit of the Women's Hospital at Valjevo.

"Without the willing and invaluable co-operation of the matrons of several of the larger

Scottish hospitals, Red Cross hospitals, nursing homes and nurses' associations, and your own courtesy in publishing the appeal, this highly satisfactory result would have been impossible."

The value of trained nursing may be estimated from the statement of Captain E. N. Bennett, who writing in *The Nineteenth Century* on "Some recent experiences in Serbia, says, "When typhus was neglected the death-rate might be anything from 25 to 55 per cent. When trained nurses were available the mortality sank to 8 to 10 per cent. . . . In the dark days of the nation's agony, when in the town hospitals the sick lay huddled on the beds, on the floor, under the beds,

the nature of the disease was established, the doctor's help was mainly valuable in the case of those cardiac and renal complications which frequently accompanied the disease; otherwise it was chiefly and especially a matter of careful nursing. Let me give one instance. In the morning the *Commissaires* or *Economes* would send to the hospital a large mass of meat—mutton, beef, or more frequently pork—with a small quantity of potatoes, onions, and carrots. From this were to be furnished not only the rations of the staff, but the diet of the patients. It is easy to understand how the cleverness of the trained nurse was taxed in order to extract from this rough food suitable nourishment for typhus and enteric invalids."



THE SOUTH AFRICAN NURSING CONTINGENT FOR EUROPE.

MRS. CREAGH, MATRON-IN-CHIEF.  
SOUTH AFRICAN MILITARY NURSING SERVICE.

infected and uninfected, dead and dying, under every form of imaginable distress and discomfort; when the villages were decimated by disease, there were perhaps 100 trained nurses in the country; and yet nursing was the really essential factor. I have with my own eyes seen scores of men, women and children who have been snatched from the jaws of death solely and entirely because of the skill and care of our splendid nurses. The need of doctors was great, but infinitely greater was that of nurses. The vast majority of English and French doctors had rarely or never seen a case of typhus, and consequently their powers of diagnosing the malady were not greatly superior to those of a clever and experienced nurse. Once

An English nurse writes from Pallanca, Italy: "Seeing in *THE BRITISH JOURNAL OF NURSING* the three treatments of a French surgeon for erysipelas, I think it may interest your readers to have a fourth, which Professor Cavazzani here uses with unfailing success. I have never seen it elsewhere. It arrests the invasion in twelve to twenty-four hours. The following is the formula:—

|                          |    |     |
|--------------------------|----|-----|
| " Tannino, canfora .. .. | aa | g 8 |
| Etere solforico .. ..    | g  | 90  |
| Alcool puro .. ..        | g  | 10  |

"Paint liberally 2½ inches beyond invasion line every three hours till a white skin is formed."

## FRENCH FLAG NURSING CORPS.

A second splendid gift of 50 feather pillows has been most generously given by J. Bore & Co., of Liverpool, sent to the Hon. Treasurer, in response to Miss Ellison's appeal in the *Daily Telegraph*. This is the second consignment sent, and no gift brings greater comfort to the wounded French soldiers.

The following letter has been received from a Sister at Vittel:—

"I regret to say that my time with the French Flag Nursing Corps is drawing to a close, as I shall have to leave about October 26th, my leave of absence expiring, as I explained before leaving London. I am very sorry, indeed, to think of leaving France and the brave French soldiers, but it cannot be helped. All my life, I have had a feeling of warm regard for the French, which this year's further experience among them has only tended to increase. It will be something to look back upon with pleasure all my life, though pleasure sometimes mixed with sadness—not wonderful, considering the nature of the work.

"Since we came to Vittel three months ago, things have not been very busy, and lately all possible patients have been sent off to make room for newcomers. They have not arrived yet, which makes us very quiet. Although we have not been doing so much lately professionally, we have not been quite idle, as we have had all the more time to interest ourselves in our patients individually, and in trying to bring to them a feeling of home comfort and family life, after all their trying experiences at the Front. Our efforts have, for the most part, been appreciated far beyond what they deserved, for the French are always so grateful. In a letter we received yesterday from an ex-patient, he mentions exactly that that feeling of homelikeness is awaiting where he has gone, and he adds in his own beautiful language: 'Vous avez donné l'illusion de la famille prodigant avec grâce et bonté la douceur des mères, la tendresse des sœurs et le dévouement des épouses.' We feel all the same that we do not deserve this praise, for we have not always reached our ideal.

"I feel I cannot sufficiently admire the brave spirit in which the French are facing the trials of this War; it is most admirable.

"Before closing, I should like to thank you and the Committee for granting me the privilege of coming here for these three months. I know and realise that it was a favour to be allowed to come for this short period, but I have thoroughly enjoyed the experience, and have done my best to keep up the good name already gained by the nurses of the F.F.N.C. With best thanks."

The French Government has consented to engage Sisters for a period of six months instead of for the whole duration of the War. A holiday of three weeks will then be given to those who sign for a further term of service.

## A QUESTION FOR KITCHENER ANSWERED BY KEOGH.

In our last issue we commented at some length on the friction which arose at the Endsleigh Palace Hospital for Officers, London, owing to the unconstitutional and unethical management of the present committee in its relations to the nursing staff. Briefly:—

(1) Without informing the Matron that any complaint had been made against her to the Committee, the Chairman interviewed her, and told her, practically, that she had been condemned unheard, and that she was to leave next day.

(2) On refusing to do so, the Chairman bargained that if she was given the week's notice which was her legal right, she was to maintain secrecy concerning her discharge and departure.

(3) When the Matron informed the Senior Sisters of her unjust treatment, they, with nearly the whole hospital staff, sent a protest to the committee that, unless this autocratic treatment of the Matron were rectified, they would resign their positions and leave the hospital with her.

On Monday in last week the nursing staff passed a resolution, in which they appealed to the public, through the press, to see that justice was done, as the Endsleigh Palace Hospital for Officers is not a private charity, but is supported in part by State funds, through the War Office.

As the Sisters' resignations were accepted without an opportunity being afforded them of meeting the Committee as a whole, it was decided on Wednesday to hold a meeting of protest, and Mrs. Bedford Fenwick, President of the National Council of Trained Nurses, was invited to take the chair.

The meeting was held at 431, Oxford Street, at 9 p.m., and nearly every member of the staff who was off duty attended.

The following resolution was proposed by Miss Taylor, and seconded by Miss Hughes.

### RESOLUTION.

We members of the Nursing Staff of the Endsleigh Palace Hospital for Officers, in meeting assembled, beg to offer our most indignant protest against the manner in which the Committee have attempted to summarily eject the Senior Nursing Officer, Miss Florence Tubbs, without acquainting her with the accusations against her, or affording her an opportunity of self defence.

We therefore petition, in justice to the whole nursing staff of the hospital, that the Committee shall be required, by the Secretary of State for War, whom we hold is ultimately responsible for the good

conduct of this State-supported military hospital, to formulate their charges against Miss Tubbs, so that she may have an opportunity of defending her moral and professional reputation, which is impugned by their present procedure.

Should the War Office refuse our earnest petition for the retention of Miss Tubbs' services, until such time as it has made an independent investigation into the whole circumstances of her dismissal, we intend to emphasize our indignation at the manner in which she has been treated by leaving the hospital the day she is ejected.

In speaking from the chair on the resolution, Mrs. Fenwick stated:—"I am presiding at this meeting as a British taxpayer, and heartily support the Resolution, which incorporates a Petition to the Secretary of State for War, who in my opinion is ultimately responsible for the efficient control of all Military Auxiliary Hospitals, subsidized by the State, and for the protection of the nursing staffs from autocratic and unjust treatment by their Committees. Every criminal is considered innocent until he is proved guilty, and the Committee of this military hospital have no right to condemn public servants without stating of what they are accused, and affording them an opportunity of meeting those accusations.

"The first thing to do is to appeal to the War Office, as the Resolution states, for an independent investigation, so that professional nurses with high qualifications, working in Military Auxiliary Hospitals, may know what protection is afforded them by this State Department.

"I consider it highly dangerous that the professional and personal reputation of trained nurses should be at the mercy of a Committee of a State Institution, who are not responsible to any authority for the conduct of business, or for the economic conditions imposed upon the nursing staff. I claim that the War Office is responsible for the just treatment of all nurses working in Military Auxiliary Hospitals subsidized by the State, and I advise that you appeal personally, by deputation, to the Secretary of State for War in this matter."

After further discussion, the Resolution was put to the meeting and carried unanimously. It was ultimately agreed that a deputation of the Sisters should deliver a copy of the Resolution to the Secretary of State for War, and to the Under Secretary of State for War, under whose ultimate authority the Army Medical Department is responsible for the treatment of the sick and wounded in war.

This was agreed to, and as none of the Sisters had on any previous occasion taken part in a

deputation to any Government Department, Miss Margaret Breay, who has had wide experience of the procedure necessary, consented to take charge of it.

On Thursday in last week, in conformity with the resolutions passed at the meeting, two of the Senior Sisters, accompanied by Miss Breay, proceeded to the War Office, where they were courteously received, and after presenting their papers, it was arranged that representatives of the nursing staff should be received by Mr. H. J. Tennant, Under Secretary of State for War.

The following is the covering letter which accompanied the resolution sent by the Sisters to Lord Kitchener, a copy of which was also sent to Mr. H. J. Tennant. It is signed by all the Senior Sisters.

Endsleigh Palace Hospital for Officers,  
Endsleigh Street,  
London, W.C.

14th October, 1915.

TO FIELD MARSHAL THE RIGHT HON. EARL KITCHENER OF KHARTOUM, K.G., K.P., G.C.B., O.M., SECRETARY OF STATE FOR WAR.

MY LORD,—We, the undersigned Senior Sisters of the Nursing Staff of the Endsleigh Palace Hospital for Officers, beg to enclose to you a copy of a Resolution passed unanimously by a representative meeting of the Nursing Staff of the aforesaid hospital yesterday, Wednesday, October 13th, 1915.

We most earnestly petition your Lordship to give consideration to our request that an investigation may be held into the serious disciplinary matter, affecting every member of the Staff, to which our Resolution refers.

We are,

Your Lordship's obedient servants,

JULIA EVANS,  
EMILY S. CAMM,  
ELLA TAYLOR,  
MARIA B. ILLINGWORTH,  
JEANNETTE E. HUGHES,  
MARY A. HOLLELY.

Senior Sisters.

The deputation was composed of Miss J. E. Hughes and Miss M. B. Illingworth (certs. Guy's Hospital), Miss E. Taylor (cert. London Hospital), Miss Mary A. Hollely (cert. St. Thomas' Hospital), and Miss E. S. Camm (cert. West London Hospital), *Senior Sisters*; and Miss D. Bolton (cert. St. Thomas' Hospital), and Miss M. Bailey, *Junior Sisters*.

Mr. H. J. Tennant received the Sisters with the utmost courtesy and kindness, and listened sympathetically to the statement of their chief spokeswoman, Miss Hughes, and to their request that the charges made, and the whole circumstances of the dismissal of Miss Tubbs,



the Matron, might receive independent investigation.

Mr. Tennant then sent for Colonel Woodwork, who inspects the hospital for the War Office, and to whom the nurses had appealed in the previous week. After consultation, they together interviewed Sir Alfred Keogh, the Director-General of the Army Medical Service, responsible to the War Office for the medical and nursing treatment of the sick and wounded.

Upon their return the deputation were again summoned, and they were informed by Mr. Tennant that, after hearing their statement, he had had the advantage also of a report from Colonel Woodwork, and of consultation with

him and with Sir Alfred Keogh. He was informed that the hospital was managed by a committee which raised the funds, and that committee had absolute power to discharge its Matron.

Miss Breay reminded Mr. Tennant that the hospital was subsidized by the War Office, but in spite of this subsidy by the State, Mr. Tennant appeared to think that the War Office had no power to intervene.

The deputation pointed out that the Matron had not had any of the accusations against her made by the Committee, or in writing. She had been summarily discharged verbally by the chairman, and it was damaging to her moral and professional reputation. Colonel Woodwork interposed that there was nothing against her moral reputation—nothing whatever. He had spoken to several people who, knowing the circumstances, were prepared to offer her posts, and Miss Breay then remarked that he could not, in that case, believe that she had been discharged for any serious offence.

Mr. Tennant then appealed to the Sisters to remain on duty for the sake of their patients, to which Miss Hughes replied that the whole

nursing staff felt that, under existing circumstances, their reputations were not safe. What had happened to the Matron to-day might happen to any one of the nursing staff to-morrow.

Miss Breay, on behalf of the deputation, thanked Mr. Tennant for receiving them, and taking the trouble he had done to investigate the case, and regretted that he was unable to give them a different answer.

The deputation then withdrew, and volubly expressed the opinion, in Whitehall, that had Mr. Tennant been Director-General of the Army Medical Service, and been guided by his own good feeling and sense of justice, the deputation would not have appealed in vain for protection and support.

The fact that the Director-General of the Army Medical Service evidently repudiated all responsibility for their protection as public servants, confirmed them in the opinion that to resign was the only dignified and safe course to adopt.

On Friday, October 15th, the Executive Committee met at the hospital, including Sir Archibald and Lady Williamson, who are primarily responsible for the unprofessional manner in which the nursing staff have been treated.

When the Matron received a telephone summons to the

Committee Room, she asked that some of the Senior Sisters might accompany her, as she considered it safer to have a witness, but this was refused. During her interview with the Committee, Miss Tubbs asked for the accusations against her in writing, and was told that "accusations" was rather a strong word to use; "complaints" was the word preferred by the Committee, and she was promised that she should have these in writing. We shall refer to this document next week.

The Matron, with the staff who had resigned their positions, had directions to be out of the



MISS FLORENCE TUBBS LEAVING THE ENDSLEIGH PALACE HOSPITAL FOR OFFICERS.

building by 2 o'clock on Saturday, as the new Matron and staff would then come on duty. A considerable crowd assembled to see their departure, which was quite quietly accomplished, for having done their duty in making an effective protest against the indefensible manner in which the Matron had been discharged, the staff had no desire for a popular demonstration. They therefore quietly bid goodbye to the orderlies, and entered the waiting taxis. Miss Tubbs was carrying a lovely bouquet of pink roses, presented to her by the members of the Voluntary Aid Detachment working in the hospital, who were withdrawn by their Commandant, and left with the Matron.

We note that Sir Archibald Williamson, Chairman of the Hospital, has "authoritatively informed" certain organs in the press that the Committee "decided to dispense with the Matron's services," and that he "personally told Miss Tubbs the reason for her dismissal, that there was slackness and laxity in the hospital . . . that it is not unnatural that some of the nurses preferred laxity."

Thus the chairman of the hospital acknowledges that the Committee did not send for the Matron, and inform her of what she was accused, and that he personally, without witnesses, made invidious reflections upon her conduct and management, and has not hesitated to attack "some of the nurses" in the press.

In refutation of Sir Archibald Williamson's unchivalrous treatment of these professional women, let us turn to the Statement to the Assistant Director of Medical Service, signed by every sick officer in the Endsleigh Palace Hospital, and to the personal opinion of Lady Emily Lutyens, who has worked with the nursing staff from the inception of the hospital.

#### MEMORIAL FROM SICK AND WOUNDED OFFICERS.

The following memorial, signed by fifty-two officers, patients in the Endsleigh Palace Hospital, has been sent by them to the Assistant Director of Medical Service. As a large number of patients were discharged last week, it means that, practically, the signature of every patient in the building is appended.

#### TO THE ASSISTANT DIRECTOR OF MEDICAL SERVICE.

"We, the undersigned, have heard with great regret that the Sisters of Endsleigh Palace Hospital have resigned in a body.

"We, of course, do not know the details of the case, but those of us who have soldiered for many years know how, on many occasions, we have known and realised the devotion and loyalty of the Sisters to their patients. We feel certain that it must be some strong motive which prompted such an action.

"We respectively beg to point out that during our stay here the kindness and attention shown us by the Nursing Staff has been beyond all praise. Not only to our certain knowledge have they given up their spare time to look after us, but every want and every wish has been gratified. Kindness and patience beyond words have been shown.

"Those of us—of whom there are many—who are helpless in bed, and will be for some time, feel that to change our Nursing Sisters at this stage is to handicap our chance of recovery.

"Strange faces and new methods at this time is not a prospect we look forward to with equanimity. Without at all embroiling ourselves in the dispute we respectfully beg to point out that the welfare of the sick and wounded, and the effective management of a hospital of this character absolutely demands the fullest and most searching inquiry at the earliest opportunity.

"We feel sure that the matter will have your earliest attention, and its importance is our excuse for addressing you. It is hard, if not impossible, for us to believe that persons who have so devotedly served us can be in the wrong, and it appears a great injustice is being done to them."

#### THE PERSONAL EVIDENCE OF LADY EMILY LUTYENS.

In an interview with Lady Emily Lutyens, who has worked in a domestic capacity with Miss Tubbs and the nursing staff since the hospital was opened, we learned that in her opinion nothing could exceed their devotion to duty. The houses now occupied as the hospital were in a very dirty condition when taken over for their present purpose, and the nurses worked unceasingly, cleaning and scrubbing to get them thoroughly clean and in order, and fit to receive the sick and wounded. Lady Emily, who has left the hospital (to which she has been a very good friend), owing to the manner in which the Matron and nursing staff have been treated, considers that expert nursing opinion should be available on committees entrusted with the control of military auxiliary hospitals, as unprofessional people are ignorant of nursing etiquette, and know nothing of controlling a professional nursing staff—an expression of opinion with which the nursing profession will heartily agree.

Further evidence in support of the respect in which the Matron and nursing staff were held by those who worked with them, is forthcoming in the withdrawal of the members of the Voluntary Aid Detachment working in the hospital, the majority of whom warmly resented the unproved aspersions so cruelly cast upon the reputation of the nursing staff.

We beg to express our sincere admiration for the courageous and dignified manner in which Miss Florence Tubbs, the Matron, and the nursing staff of the Endsleigh Palace Hospital have maintained the best traditions of human ideals, in their fight against the autocratic exercise of power upon the part of their irresponsible employers, the Committee and Hon. Officers of the Endsleigh Palace Hospital for Officers.

#### A QUESTION FOR KITCHENER.

We still claim that this is a Question for Lord Kitchener, and are of opinion that drastic reforms are absolutely necessary, in the relations of the Army Medical Department and trained nurses in military auxiliary hospitals subsidized by the State.

#### THE NEW MATRON.

Miss C. B. Leigh, for many years the Matron of the Cleveland Street Infirmary, London, W., has accepted office as Matron of the Endsleigh Palace Hospital for Officers. Let us hope that, owing to the spirited protest of her predecessor, she may have no cause to regret it.

#### TRAINED NURSES INDISPENSABLE.

The man (and the woman) in the street find it difficult to understand the full value of trained nursing, but the opinion deliberately expressed by Mrs. Bedford Fenwick at the recent meeting of the National Council of Women in London, in speaking to the Registration Resolution, when she said that without the work of trained nurses the war could not have gone on, shows that, for reasons of humanity and economy alike, the trained nurse is an indispensable factor in a great war. The comfort and solace which she can give to the sick and wounded is undeniable. But further, in their treatment, the work of the medical practitioners would be of little avail without that of skilled nurses to carry out their directions, and work in conjunction with them. In the prevention of infection, whether from the blood poisoning of wounds, or zymotic diseases, the work of trained nurses is of the first importance. Further, with an army recruited on the voluntary basis it is not conceivable that recruits would be readily forthcoming if they had reason to believe that when incapacitated by wounds and sickness they would be left without the alleviation of trained nursing, whose benefits they have learned to appreciate in civil hospitals. There is no doubt that the trained nurse is indispensable in war, and one of the most effective economic agents employed in its prosecution.

#### THE PASSING BELL.

The National Union of Women Suffrage Societies have received news of the death of Sister Sutherland, of the Scottish Women's Hospital at Valjevo, in charge of Dr. Alice Hutchison.

Sister Sutherland, who came over from Canada, went out last April with the second Serbian Unit. She contracted enteric and died on Sept. 26th. Canadian women, as well as men, are willingly laying down their lives for the Empire.

Miss Chadwick, one of a nursing contingent of five who left Leicester for Egypt five weeks ago has, we regret to report, died of enteric.

SMALES.—On the 13th inst., at the Military Hospital, Alexandria, Florence Emily, St. John V.A.D. member, the dearly-loved daughter of Charles and Alice Smales, of Magdala Place, Whitby.

#### JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

V.A.D. Hospital, Steuan House, Reading.—Miss S. Austin.

University V.A.D. Hospital, Barnbury Road, Oxford.—Miss F. M. Robinson.

Blair Hospital, Bromley Cross, Bolton.—Miss M. E. Crocker.

Temporary Hospital, Exeter.—Miss M. Covington.

V.A.D. Hospital, Kington, Herefordshire.—Miss L. A. Felsell.

V.A.D. Hospital, The Larches, Uppingham.—Miss L. Finn.

V.A.D. Hospital, Aberdare.—Miss L. Humphries.

Auxiliary Hospital, Aberdare.—Miss A. Ogleby.

St. Helens Voluntary Hospital, The Tower, Rainhill, Lancs.—Miss M. A. Brindley, Miss M. A. Jennings.

V.A.D. Hospital, Leintwardine, Hereford.—Miss E. Cooke.

V.A.D. Hospital, Northwood, Middlesex.—Mrs. Day.

Red Cross Hospital, Clevedon, Somerset.—Miss L. M. Morley, Miss M. F. Crogan.

Brook War Hospital, Woolwich.—Miss M. Lawrence.

Felthorpe Hall, Norwich.—Miss F. M. Wincoll.

Farnborough Military Hospital, Farnborough, Hants.—Miss E. A. Brander.

V.A.D. Hospital, St. George's Hall, Willesden.—Miss F. M. Robertson.

V.A.D. Hospital, Tisbury, Wilts.—Miss W. Harvey.

V.A.D. Hospital, Town Hall, Burton-on-Trent.—Miss E. Shortland.

V.A.D. Hospital, Plank House, Gillingham, Kent.—Miss M. A. W. Allen.

Copse Hill Convalescent Home, Upper Slaughter.—Mrs. Gale.

*Dunsdale Hospital, Westerham, Kent.*—Miss M. McNeil.

*Overcliff Hospital, Westcliff-on-Sea.*—Miss M. Laidlaw.

*Auxiliary Military Hospital, Moor Park, Preston.*—Miss S. E. Carter.

*Clandon Park, Guildford.*—Miss R. Munday.

*Tynney Hall, Winchfield, Hants.*—Miss Z. Grimes.

*Auxiliary Hospital, Nethercourt, Ramsgate.*—Miss S. A. Brown.

*St. Luke's Auxiliary Hospital, Reading.*—Mrs. S. E. Walklin.

*Wicklow Lodge, Melton Mowbray.*—Miss J. E. Wilkinson.

*Princess Christian Hospital, South Norwood Hill.*—Miss E. A. Meehan.

*Windlesham Moor Military Hospital, Windlesham, Surrey.*—Miss E. L. Cox.

*18, Cadogan Gardens, S.W.*—Miss S. M. McLachlan.

*Military Hospital, Dovetys, Rochester, Staffs.*—Miss M. Campbell.

*Brooklands Hospital, Weybridge.*—Miss M. E. Chisholm.

*Auxiliary Hospital, Sandon Hall, Stafford.*—Mrs. Dean, Miss Chichester, Miss E. Caddick.

*The Grange, Halesowen, Worcester.*—Miss E. A. Bramall.

*V.A.D. Hospital, Hillingdon, Nr. Uxbridge.*—Mrs. Pilkington.

*Red Cross Hospital, Carmarthen.*—Miss K. O'Neill.

*V.A.D. Hospital, Southall.*—Mrs. C. Taylor Wentworth.

*Auxiliary Military Hospital, Timberhurst, Bury.*—Miss F. Piza.

*Hill House Hospital, Lyndhurst, Hants.*—Miss E. L. Cox.

*Temple Newsham, Leeds.*—Miss M. E. L. Attwell.

*Lady Hardinge Hospital, Brockenhurst.*—Miss G. H. Imrie.

*Red Cross Hospital, Cirencester.*—Miss C. Theophilus.

*Endsleigh Palace Hospital.*—Miss W. C. G. Price.

*V.A.D. Hospital, Pendower, Newcastle-on-Tyne.*—Miss M. E. Haynes.

*Red Cross Hospital, Winchester.*—Mrs. Gooddey.

*35, Chesham Place, S.W.*—Miss M. Swinger.

*Red Cross Hospital, Emsworth, Hants.*—Miss M. T. McNulty.

*Red Cross Hospital, Waterlooville, Hants.*—Mrs. Dimster.

*Red Cross Hospital, Haslewood, Ryde.*—Miss C. M. Rogers.

*V.A.D. Hospital, Wallfields, Hertford.*—Miss Nolais.

*V.A.D. Hospital, Worfield, Bridgnorth, Salop.*—Miss Onions.

On and after Wednesday, October 20th, all communications to Miss Swift, Matron-in-Chief, should be addressed to 83, Pall Mall, S.W., as the "Trained Nurses' Department" has been transferred to that address.

## CARE OF THE WOUNDED.

We are glad to note that the Star and Garter Hotel at Richmond (so fashionable for Sunday dinners when we were young), which was recently presented to the Queen for use as a permanent home for paralysed and totally disabled soldiers and sailors, is to be rebuilt for the purpose.

The site is perfect—such lovely views from Richmond Hill of the Thames and its valley, and miles of park land around. It is a comfort to know that those who have given so much for their country are to have such a beautiful home for the remainder of their days. Many of them, let us hope, will find real happiness there, in spite of their sacrifices.

The Indian Soldiers' Fund has done a splendid work, providing special hospitals, convalescent homes and hospital ships for the Indian Army Corps. An officer states: "It is impossible to visit the trenches, the billets, or the hospitals without being confronted at every turn by evidence of the fraternal solicitude with which the comfort and well-being of the Indian soldier are considered in every detail. Beyond doubt the excellent health enjoyed, contrary to expectation, by the Indian troops as a whole during the trying conditions of last winter, must be greatly ascribed to the mitigation, as far as humanly possible, by the devoted work of the Committee of the Indian Soldiers' Fund and their assistants."

Further support is now urgently needed. The headquarters of the Fund are at 1, Carlton House Terrace, S.W.

The King and Queen paid a surprise visit to Charing Cross Hospital on Saturday afternoon for the purpose of showing their sympathy to some of the victims of the recent Zeppelin raid. Their Majesties were received by Miss Heather-Bigg, the Matron, Dr. Dickinson, the resident medical officer, and Mr. Alvey, the secretary. They made a tour of the wards, and spoke a few gracious words to the patients.

Several sailors and soldiers now warded at Charing Cross also came in for kindly interest.

A notice was recently issued to V.A.D. commandants urging them to enrol as many new and suitable members as possible. Women of exceptionally steady and reliable character are required, imbued with a sense of discipline and responsibility; the idea being to replace R.A.M.C. men with V.A.D. women in order to release the men for service at the front.

Mr. John X. Walford, Hon. Registrar of the Wounded Allies Relief Committee, has just returned from Flanders after an inspection of the system of hot baths supplied by the Committee to the Belgian Army. A complete unit consists of a caravan fitted with four boilers, hot and cold water supply tanks, pumps and hose pipes. Each



caravan carries twenty baths and these when in use are laid out under two large tents which also form part of the equipment. Inspecteur-Général Melis, head of the Belgian Army Medical Corps, is enthusiastic about the admirable work performed by these caravans, and the Committee is consequently anxious to send out further units. It is estimated that two caravans will supply the needs of each division. It is certain that these hot baths are a source of great comfort to the Belgian soldiers, who, Mr. Walford states, are now on an equality with their Allies both as regards ammunition and equipment.

Major J. T. J. Morrison, of Birmingham, some time surgeon in chief of the 3rd Military Hospital at Skoplje, related his experiences in Serbia at the Medical Society of London, from the outbreak of the war to March this year. The Serbian methods, he remarked, could be summed up in three favourite expressions, "To-morrow," "Wait a bit," and "Go slowly" (a policy beloved of Eastern peoples), but much should be forgiven a people who had been so long under Turkish rule and had passed through three great wars in three successive years, not to speak of internal dynastic troubles.

Quite so, but the British people have no such excellent excuses for their sloth and apathy before the present crisis.

## THE RAVEN HOUSE, ADDERLEY.

A Sister sends us the following paragraph and snapshots:—

"I thought you and your readers would like to know and see how happy some of our wounded soldiers are. This sweet little place is given by Mr. Corbet and the Hon. Mrs. Corbet, Adderley, Market Drayton (the latter being the Commandant). They offer hospitality to six convalescent soldiers whose comfort and happiness are their first consideration, and a trained Sister is in charge, who attends to the various treatments, massage, &c. Miss Corbet acts as 'pro.' The house lends itself admirably

to being used as such. Each room, which is daintily furnished, has two beds and the colour scheme is pink and white, polished floors with Persian rugs. The dining room is floored with black and red tiles and pretty blue and white china is on the shelves.

There is a comfortable smoking room beyond, supplied with the inevitable gramophone. Several of Mr. Corbet's tenants help in a most generous and practical way, namely, by sending milk, butter, eggs, cheese, &c., all of which are very acceptable. Mrs. Corbet is also responsible for a Y.M.C.A. hut at Preece Heath, about 10 miles from Adderley, where a large camp is stationed. She is now negotiating



CROQUET AT THE RAVEN HOUSE.—ONE-ARMED MAN THE BEST PLAYER.



FISHING IS A FAVOURITE SPORT.

to fit up a cinema there for the winter. Every day all the ladies of the district take it in turn to go and sell the various drinks and food this hut provides for our soldiers in training, who seem to appreciate it greatly."

## APPOINTMENTS.

### LADY SUPERINTENDENT.

National Hospital for the Paralysed and Epileptic, Queen's Square, Bloomsbury, W.C.—Miss Cecilia A. M. Spackman has been appointed Lady Superintendent. She was trained at the Brompton Hospital and St. Thomas' Hospital, and has been Sister at the Royal Berks Hospital, Reading, and the Brompton Hospital, and Matron of the King Edward VII Welsh National Memorial Association, Elan Ely, Cardiff.

### MATRON.

Star and Garter Hospital for Disabled Soldiers, Richmond.—Miss Isabel Lawrence has been appointed Matron. She was trained at the Crumpsall Infirmary, Manchester, and subsequently had charge of wards at the Cancer Hospital, Brompton. She afterwards held the posts of Charge Nurse and Sister in the National Hospital for Paralysis and Epilepsy. In 1902 she was appointed Lady Superintendent of the Meath Home for Epileptics at Godalming, and from thence returned to the National Hospital to fill the post of Lady Superintendent which she has held to the present date.

Royal Albert Hospital, Devonport.—Miss Margaret Bridge has been appointed Matron. She was trained at the Royal Infirmary, Derby; and has been Sister at that institution and at Walsall District Hospital; and Night Superintendent and Housekeeper Sister at the Bradford Royal Infirmary.

### STAFF NURSE.

Woodlands Military Hospital, Southport.—Miss M. Simson-Allen has been appointed staff nurse. She was trained at the Manchester Royal Infirmary.

### NURSE-MATRON.

Odiham Cottage Hospital, Hants.—Miss Prosser has been appointed Nurse-Matron. She was trained at the Royal Infirmary, Edinburgh, and in district work at the Central Home, Bloomsbury Square, W.C., and is a certificated Queen's Nurse. Miss Prosser has also been Nurse Matron at Shifnal, and Painswick, and held the position of Sister.

### SECOND ASSISTANT MATRON AND MASSEUSE.

Booth Hall Infirmary, Manchester Union.—Miss Mary A. Broadbridge has been appointed Second Assistant Matron and Masseuse. She was trained at Withington Hospital, West Didsbury, Manchester, and has held the positions of Staff Nurse, Ward Sister, and temporary Third Assistant Matron in the same institution.

### HEAD NURSE.

Holbeck Union, Leeds.—Miss Alice Smith has been appointed Head Nurse. She was trained at Blackburn Infirmary, and has done private nursing.

## QUEEN VICTORIA JUBILEE INSTITUTE.

### TRANSFERS AND APPOINTMENTS.

Miss Edith Rowlands is appointed to Sussex C.N.A. as Assistant Superintendent and School Nurse. Miss Rowlands received General Training at Burnley Union Infirmary, Midwifery Training at the Maternity Nursing Association, Myddleton Square, and District Training at Birmingham. She has held several appointments under the Institute.

Miss Elizabeth R. Davies is appointed to New Malden and Coombe, Miss Mary L. J. Gibb to Leeds (Central), Miss Edith M. Heaton to Blundell, Miss Nellie F. Pollett to Penzance and Madron, Miss Charlotte C. Wright to Poplar L.C.C. (Medical Treatment Centre).

### PRESENTATIONS.

The nurses' home which has been built as an annex of the Pontypool Hospital was opened on Thursday by Mrs. W. P. James, Abersychan. An interesting presentation, made by Mrs. Percy H. Jones, Ty Ceiros, on behalf of the executive board, consisted of a silver salver and silver tea and coffee service, given to Miss Ritchie, Matron of the hospital, on the occasion of her retirement after over twelve years' service.

A vote of thanks was accorded Mr. J. C. Hanbury, J.P., D.L., for his gift of the site on which the new nurses home stands.

Mrs. Mackay, who has been Matron of the Turiff Red Cross Hospital for the past nine months, and who has been appointed Matron of Rose-Innes Hospital, Aberchirder, was recently presented by the members of the Turiff Red Cross Detachment with a handsome gold wristlet watch and a silver napkin ring for her little girl.

In handing over the gifts, Miss Ainslie Grant Duff said they were very sorry indeed to lose the Matron, and they were met to thank her for what she had done for the hospital since she came. They wished her "God speed" in her new sphere of action.

### WEDDING BELLS.

The marriage took place last week at South Shields of Miss Alice Robson and the Rev. A. W. H. Scott, Dundum, St. Fillans, Perthshire.

When the War broke out the bride was Matron of the Leyton, Walthamstow, and Wanstead General Hospital, London, and being a member of the Queen Alexandra Imperial Military Nursing Reserve, she was called up for duty.

Her marriage, which should have taken place at that time, was accordingly postponed, and she went to France, where for the past eight or nine months she has been Nursing Sister in charge of an ambulance train, which carried wounded soldiers from the front to the base.

The presents included gifts from the staff and patients of Walthamstow Hospital, and a beautiful engraved silver casket from the officers and sisters of No. 9 Ambulance Train of the British Expeditionary Force. Her colleagues on the Matrons' Council, of which she is a member, will unite, we are sure, with us in good wishes for her happiness.

## NURSING ECHOES.

The National Union of Trained Nurses has recently changed its headquarters to 46, Marsham Street, S.W., and the change is immeasurably for the better. Those who make a pilgrimage to Marsham Street will have no need to look for the number, for in a somewhat dingy street the house proclaims itself. With fresh green paint and spotless curtains, and every pane of glass twinkling like a diamond, it is a centre of sweetness and light which must attract the attention of all who pass up and down the street.

Inside, one at once receives an impression of the restfulness resulting from simplicity combined with harmonious colouring. As befits a house built in the reign of Queen Anne, a fine oak staircase dominates the entrance hall, in pleasing contrast to the cream-coloured walls. Those two most strenuous workers—Miss E. L. C. Eden, to whom the Union owes its existence, and Miss Violetta Thurstan, its talented organizing secretary—are both resident there, and very content they seem to be with their quarters. A peep into the office on the ground floor gives us a vista of the garden—a little bare just now, perhaps, but in order, and ready for development, a pleasant contrast to the time when the N.U.T.N. took possession, and found that its chief purpose seemed to be to provide a resting-place for dead cats and empty sardine tins. By and by, we feel sure, it will blossom as the rose.

Passing up the staircase, covered with linoleum, soft green in tone, until, as Miss Thurstan pointedly remarks, "the linoleum fund ends," we come to the large room invaluable for lectures, meetings, classes, and organization work of all kinds; and then to a cosy room where tea is temptingly prepared. In this also the walls, lined for the most part with roomy cupboards, are cream coloured, and inviting chairs with blue covers form a pleasant contrast. Through this room is Miss Thurstan's workroom, where the posters with which the Union does so much useful teaching are in the making. It conjures visions of the days when the rank and fashion of the period adjoined to the powdering-room before its toilet was complete. All success to the Union in its new home.

Miss Thurstan, on our recent visit, had just returned from a very successful tour in the North, where she spoke in Manchester, Stockport, Bolton, and elsewhere on her experiences in Belgium and Poland, an interesting subject which she deals with most vividly, and never fails to secure an interested audience.

The Local Government Board has sanctioned the granting by Boards of Guardians of war bonuses to nurses. It was found that nurses were resigning from poor-law institutions for service in military hospitals.

At a recent meeting of the Lewisham Board of Guardians, the Medical Superintendent, according to the Infirmary Committee, had reported that some difficulty has been experienced with the ordinary probationers; some of them state that the military hospital does not give them a full and proper training. The committee are of opinion that enquiries should be made as to exchange of nurses with some other institution, and have left the matter in the hands of the Clerk and the Medical Superintendent to report upon at a convenient opportunity.

We regret to note that the York and District Trades Council passed a resolution recently against substituting female nurses for male attendants, for male patients in asylums. We are of opinion that the more general use of women in the care of the male insane has resulted in nothing but good for such patients, and regret that this humane reform has not yet been introduced into the York City Asylum.

Captain Gibbon, R.A.M.C., gave a lecture on "The Treatment of the Wounded" to the Irish Nurses' Association on Tuesday. Mr. MacAuley will speak to the Association on "Bone Diseases" on November 23rd. The nurses greatly appreciate this teaching.

## EXAMINATIONS AND PRIZES.

Mr. George Priestman, Chairman of the House Committee of the Royal Infirmary, Bradford, on October 13th, presented medals and prizes to the successful nurses in the recent examinations, and in doing so, congratulated them on their excellent work and the way in which they had profited from the lectures of the honorary staff and the Matron. The standard of marks obtained was excellent, and that attained by Nurse Thorpe probably constituted a record.

In the senior division, Nurse K. Thorpe won the gold medal and Nurse L. I. Jefferson the silver medal, and the following were winners of first-class certificates: Nurse Elliott, Nurse Threlfall, Nurse A. Clarke, Nurse E. M. Brown, Nurse T. Barlow, Nurse Balshaw, Nurse Nicholson, Nurse Gillott, Nurse Howell, and Nurse Bell-Brown. In the junior division, the first prize was awarded to Nurse E. M. Marvin, who obtained a first-class in all subjects, and who tied with Nurse Poucher for the first prize for bandaging. The second prize for bandaging went to Nurse M. R. Lamont, who also obtained a first-class in all subjects.

## BOOK OF THE WEEK.

"A JOURNAL OF IMPRESSIONS IN  
BELGIUM."

The introduction tells us this is a journal of impressions, nothing more. "When I set out to keep a journal I pledged myself to set down only what I had seen or felt. It was my misfortune that I saw very little of the field work of the Corps." The introduction should be read before starting on the journal; this will save a good deal of disappointment in expecting that which we do not receive.

Miss Sinclair is, of course, an able writer, and no items of interest in this great world tragedy can be dubbed trivial, but for all that we feel that the personal note is too much in evidence, and the treatment of the whole is in too light a strain. But having said so much we hasten to add that from our point of view there are many criticisms, spoken and implied, that lead us to conclude that Miss Sinclair has an intelligent appreciation and admiration of the trained nurse, and that she deploras the wasted opportunities of skill and money which could take, at the commencement of the War, young girls, barely out of the schoolroom, and entrust them, in their youth and ignorance, with the awful responsibility of accompanying the field ambulances. Miss Sinclair herself, who accompanied a motor ambulance corps, went in the capacity of secretary and newspaper correspondent, and to her credit did not try to assume the pose of nurse though she appears to have assisted on occasions. She wished passionately all the time that she had had the training to fit her for that work.

She says "The Commandant has brought four women with him besides me. I confess I was appalled when I first knew they would be brought. Mrs. Torrence perhaps" (a trained nurse, apparently the only one), "but why little Janet McNeil? She is the youngest of us all, an eighteen year old child, who will follow Mrs. Torrence if she walks straight into the German trenches. Her delicate Highland beauty. . . Her small face under the woolly cap," &c., &c. Then there was "Ursula Dearmer, who can't be much older. If she were not so slender she would look like a pretty dormouse recovering from its torpor." In the committee-room this girl had the air of a "senior schoolgirl." This is all very charming and picturesque, but in spite of Janet's being an expert motorist *ce n'est pas la guerre*, and Miss Sinclair leaves us with the impression that she feels this. Here is another picture:

"I have got used to Mrs. Torrence, and to Ursula, but I cannot get used to Janet. It always seems appalling to me that she should be strolling about here at the seat of war, as if a battle were a cricket match at which you looked

on between your innings, and yet there isn't a man in the Corps who does his work better and with more courage than this eighteen year old child." If it is the intention of the authoress to emphasise the unseemliness and monstrous injustice, both to nurses and wounded, of this state of affairs we should be grateful to her.

It was in Ghent, where there were not enough wounded to go round, and where "while two young surgeons cool their heels in the corridor, and a fully trained nurse tears her hair, the young girl Ursula Dearmer takes the field in the ambulance car with the Commandant. In that part of the Corps which has been left behind there has crept a sneaking envy of her luck. I feel it myself. And if I feel it, what must Mrs. Torrence and Janet feel?"

Apart from the nursing question, there are many sympathetic passages. The whole attitude of the Belgians seeming to express "*C'est triste n'est ce pas?*"

The descriptive portions of the book are well worth reading, especially the account of the flight before the invaders from Ghent to Bruges.

H. H.

## "THE QUIET."

I could not understand the sudden quiet—  
The sudden darkness—in the crash of fight,  
The din and glare of day quenched in a twinkling  
In utter starless night.

I lay an age and idly gazed at nothing,  
Half-puzzled that I could not lift my head;  
And then I knew somehow that I was lying  
Among the other dead.

—From "Battle," by Wilfrid William Gibson.

## COMING EVENTS.

October 25th.—Central Midwives Board. Examination in London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne. The oral examination follows in a few days' time.

October 26th.—National Association for the prevention of Infant Mortality. Public meeting to consider a national campaign to promote the welfare of motherhood and infancy. Guildhall, 3 p.m.

October 28th.—Central Midwives Board. Penal Cases. Board Room, Caxton House, Westminster, S.W. 11 a.m.

November 6th.—Nurses' Missionary League. Sale of Work, Sloane Gardens House, 52, Lower Sloane Street, London, S.W. 10 a.m.—6 p.m.

November 6th.—Church League for Women's Suffrage. Intercession Service. St. Martin-in-the-Fields. Preacher, the Lord Bishop of London. 3 p.m.

## A WORD FOR THE WEEK.

"A dying old terrier said to her pup,  
In all life's afflictions keep your tail up."

\* By May Sinclair. Hutchinson & Co., London.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## THE MURDER OF MISS CAVELL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Miss Cavell had been nursing German officers. Is it not time that every English woman should refuse, resolutely and absolutely, ever to nurse another? Let them be looked after by orderlies.

Faithfully yours,

MACLEOD YEARSLEY.

59, Queen Anne Street,  
Cavendish Square, W.

## AN ARMY NURSING SCANDAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—After reading the account in the *Daily Mail*, with regard to the meeting of protest held against the committee's action towards Miss Florence Tubbs, I feel that I must write and convey to you the heartiest sympathy of myself and other nurses lately working with me at a local Red Cross hospital, who were forced, together with five medical officers, to withdraw our services, which were voluntarily given, as a protest against very similar actions on the part of the local hospital committee. I see that you contemplate interviewing the Secretary for War, and hope that you will be successful in getting an inquiry into the matter, as it seems scandalous that at this time, when we are constantly being told how badly trained nurses are needed, that so much good work can be spoiled by these kind of actions.

Wishing you every success,

Yours faithfully,

ELIZABETH WATERS,

Lady Superintendent, Hants. 62

Southsea.

## A USEFUL DEPOT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I shall be much obliged if you will make the following known:—

The Chester and District Hospital and Ambulance Requirements Association has been formed to make articles such as padded splints, crutches, bed-tables, screens &c. We are already disposing of some two hundred articles a week, for which we charge only the bare cost of material; and we are willing to supply, on the same terms, any organisation or society which is dealing with our or our Allies' wounded.

Full particulars and prices will be given upon application.

Yours faithfully,

DORA FROST,

Mayoress and President,

The Mayor's Parlour, Chester.

## WOMEN AND HEALTH AUTHORITIES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—As there will this year be no elections to Town Councils and Metropolitan Borough Councils on November 1st, most of the Councils now re-assembling after the summer holidays will shortly be filling casual vacancies, as provided by the National Registration and Elections Act.

We would beg attention to the great advantage that it would be to the nation to secure the co-operation on every Public Health Authority of two or more women of judgment and experience. Every year brings new enactments that strengthen the argument, *e.g.*, Health Authorities have now been empowered to establish Maternity and Infant Welfare Centres, and for these it is certain that the supervision of women is required.

There are men who in the past have urged the peculiar appropriateness of co-option as a method for placing on public bodies the most wisely selected women. Others have thought differently, but in this year all must desire that the method in question shall be widely utilised for the purpose. That rests with the members of the Councils, since they alone can nominate, and they alone elect. But the representatives of a ward in which a vacancy occurs are accessible, and so are their fellow Councillors. One or more may be glad to have suggested to them the nomination of some suitable woman whose election would reflect credit on the Council.

I am, yours faithfully,

ANNIE LEIGH BROWNE,

Hon. Sec. Women's Local Govt. Society.

19, Tothill Street, S.W.

## OUR PRIZE COMPETITIONS.

October 30th.—State briefly what you know of the symptoms and treatment of Thrush, Snuffles and Convulsions in the newly-born.

November 6th.—State what you know about the physiology of the open-air treatment.

## FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps service in France can be interviewed by arrangement with the Hon. Secretary, 60, Nevill Square, Earl's Court, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, Oct. 22nd, and Monday, Oct. 25th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' training. Experience in fever nursing is an additional advantage.

## OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

# The Midwife.

## VENEREAL DISEASES IN RELATION TO STILL BIRTH AND INFANT MORTALITY.

A lecture on venereal diseases in relation to still birth and infant mortality was given at 1, Wimpole Street, W., on Tuesday, October 19th, under the auspices of the National Association for the Prevention of Infant Mortality, by Dr. Eardley Holland. He said that venereal disease was a collective term applied to gonorrhœa, syphilis and soft sore. However, neither gonorrhœa nor soft sore had anything to do with still birth. Syphilis in women had this sad aspect, that not only did they suffer with it themselves, but they transmitted the disease to their offspring.

How far then was syphilis responsible for still birth? Statistics from the Johns Hopkins Hospital at Baltimore show that the percentage of death due to this disease is 26.4. These figures probably hold good in London. The lecturer pointed out that death certificates showing atrophy, debility and marasmus in most instances probably represented syphilis, and were so expressed by the practitioner out of regard to the parents' feelings. The deaths recorded as syphilis only represented a fraction of the disease.

It was easier to make a clinical examination of a living child than to determine whether or not the disease existed in a macerated fœtus. This could only be done by means of microscopical examination of the organs.

The syphilis was acquired by means of a specific organism called the spirochæte pallida, and local infection—usually of the genitals. Lips may be infected through kissing; a doctor or nurse may be infected from attending a syphilitic patient, through a slight abrasion of the finger coming in contact with infected discharge or sweat. There are three stages in the disease, primary, secondary and tertiary.

Supposing a woman pregnant, how will syphilis affect the fœtus?

It may die and a macerated fœtus be expelled. It may come to full term and a living child be born with all the symptoms of the disease, which does not long survive birth. Or an apparently healthy full term child may be born which shows no symptoms of the disease till from three to six weeks, or it may be six years or longer.

Why such different results occur depends on the relation of the infection to conception. If the woman is infected at the time of conception a macerated fœtus is the result. The same result will arise if she becomes infected in the early months of pregnancy. If a syphilitic woman becomes pregnant she may bear an apparently healthy child.

A Berlin doctor some years ago kept 134 syphilitic women under observation. They bore

569 children; 253 were born dead, 316 alive: of the 316, 253 developed syphilis, while 53 remained healthy.

Syphilis is the commonest cause of macerated fœtus, about 50 per cent. being due to it. It is quite impossible to state the cause by merely looking at the fœtus. Syphilitic changes are found at the ends of the long bone and in the liver and spleen.

Another suspicious point is a very heavy placenta, though by no means a conclusive one. The lecturer told of a woman who came under his observation who had given birth to a macerated fœtus seven times in succession, and the cause had never been found out. She was given treatment and eighteen months afterwards gave birth to healthy twin children.

A feature of this disease is that in course of time it apparently wears itself out without treatment, and though the first three or four children are syphilitic, it may happen that the woman in time will bear healthy children, though she has never received treatment.

A great change of late has come over medical opinion as to the mode of transmission. It used to be held that the father could infect the ovum without infecting the mother. But research has proved that to be impossible. It is impossible to infect the ovum except through the mother. We now know that without a syphilitic mother there cannot be an infected child.

Dealing with inherited or congenital syphilis the lecturer said that at birth the infant might have all the signs of the disease, or be apparently healthy, but these children are all born with the germs in their bodies. Congenital syphilis is a more severe type of the disease than acquired, and frequently causes death: some children die in a few hours or days. The signs are many and are easily recognisable. The infant may be pale, anæmic, will lose weight, skin rashes will appear on palms of hands, soles of feet, and genitals, it may have catarrh of mucous membrane known as "snuffles," necrosis of bone—often of the nasal bones or perforation of the palate. The lecturer emphasised that this is an *absolutely curable disease*, but the treatment must begin early and last long. The two drugs for its cure are mercury and salvarsan. The question is how long the treatment should last, and when the patient is considered cured. The treatment must be continued regularly over a period of two years. When a patient is cured does not admit of a certain answer. This can only be decided by the Wassermann test.

It was pre-eminently the disease that could be treated by drugs and the results were brilliant. By treatment it was so easy to alter the whole face of things for a woman and her children. The great difficulty in dealing with the disease was that it was not known where it existed, and

it was often entirely unsuspected. Unless the Wassermann test was applied to every pregnant woman it was impossible to discover it.

The question was often asked: Should persons who had suffered from syphilis marry? The answer definitely was, Yes, if completely cured. How soon? There is no rule. They may marry at the end of four or five years if the Wassermann test is satisfactory.

As to the duties of nurses and midwives with regard to this disease, the lecturer considered that they play a most important part in the intelligent application of its treatment.

The rules of the Central Midwives Board, relating to the knowledge of the midwife on this subject, are he considered, inadequate. Not till 1913 did the examination questions include this subject, which showed it was not considered of much importance. It was the duty of all nurses and midwives to acquaint themselves with the symptoms of syphilis, and to urge patients suffering from it to present themselves for treatment. The best way of stamping out this evil, is the education of the public, and there is no class more suitable for this work than nurses and midwives.

## THE CENTRAL MIDWIVES BOARD.

The first meeting of the Central Midwives Board after the summer recess was held at the Board Room, Caxton House, Westminster, S.W., on Thursday, October 7th, Sir Francis Champneys presiding.

### REPORT OF STANDING COMMITTEE.

A letter was received from the Colonial Office transmitting a copy of an Ordinance passed by the legislature of the Straits Settlements dealing with the training and practice of midwives and asking for the observations of the Board on the matter. It was agreed that the Chairman and Secretary be authorised to convey the views of the Board to the Colonial Office.

A letter was received from a candidate for the Board's examination, asking the Board to reconsider its decision not to admit her to Examination by reason of the falsification of her birth certificate. Also one from Miss M. Ritchie, Honorary Secretary of the Clapham Maternity Hospital, supporting the application.

The Board decided that the candidate be not admitted to Examination until February 1916.

A letter was received from the Hon. Mrs. Stanley, Honorary Secretary of the Somerset County Nursing Association, asking the Board to reconsider its decision not to admit a candidate to Examination by reason of the falsification of her marriage certificate.

The Board decided that the Hon. Mrs. Stanley be informed that in the absence of a correct certificate the Board is unable to reconsider its decision.

A letter was received from the Town Clerk of Wallasey with further observations on the Board's action in the case of Florence Gertrude McFall, No. 24589, against whom the Town Council found a *prima facie* case of negligence to be established. The Board declined to enter into a discussion with the County Borough of Wallasey as to their decision.

A letter was received from the Acting Registrar of the General Medical Council with reference to a case of apparent "covering" of an unqualified woman acting as a midwife by a registered medical practitioner.

A letter was read from the Town Clerk of Southend-on-Sea on the same subject.

The Board decided: (a) That the Privy Council be asked to request the Local Government Board to take an opportunity of calling the attention of Local Supervising Authorities to the prevalence of the practice of midwifery by unqualified persons, and to the advisability, in the public interest, of instituting proceedings in Courts of Law against persons who commit breaches of the Midwives Act, particularly in respect of women practising as midwives against the provisions of Section 1 (2); and before the General Medical Council in respect of medical practitioners "covering" such women.

(b) That the Solicitor to the Central Midwives Board be authorised to present the case before the General Medical Council.

The Secretary reported the presentation by a candidate for the Examination of October 25th of a baptismal certificate which had been tampered with.

It was decided that the candidate should not be admitted to examination.

A letter was read from the Rev. S. E. Dodderidge asking the Board to authorise midwives to sign certificates of death.

It was decided the Rev. S. E. Dodderidge be informed that the Board has no power to comply with his request.

### APPLICATIONS.

The following applications to be granted:—

*For removal from the Roll.*—The applications of 11 midwives for removal from the Roll were granted.

*For Appointment as Examiner.*—Dr. Trevor Berwyn Davies, F.R.C.S., was appointed an additional examiner.

*For Recognition as Lecturer.*—The applications of Mr. Charles Stuart Vines, M.R.C.S., D.P.H., and Dr. Mary Campbell Watson, for recognition as lecturers were granted, and those of Dr. Percy Hugh Benson, Mr. Gordon Ley, F.R.C.S. and Dr. Hugh Powell were granted *pro tem*.

*For Approval to undertake the practical training of Pupil Midwives.*—Midwives Harriett Louisa Dolton (No. 32960), Caroline Beatrice Major (No. 36943) and Bessie Calderhead (No. 5507), and Margaret Cornelia Lancaster (No. 7808) *pro tem*.

The reports of the Finance Committee and the Penal Cases Committee were received, and the meeting terminated.

# THE BRITISH JOURNAL OF NURSING

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Vol. LV.

## In Memoriam

WHILST others slept, with angels guarding them,  
He, Who Himself "keeps watch with those that wake,"  
Came to the cell, where Edith waited Him.  
"Fear not," said He, "them who thy body kill  
And after, have no more that they can do."  
Then by that Blessed Food, which is Himself,  
His own high Courage did to her impart,  
And ever and anon, when spirit quailed,  
He blessed her with the blessings of the poor  
Whom oft her tender hands had comforted.  
"Blest one! In them thou did'st it unto Me,  
For this, thy Passing I will share with thee."  
Then, on that Via Dolorosa short,  
Hand clasped in hand, Master and servant fared.  
"Come close, nay closer still, and trust in Me,  
Mark well My steps, I went this way before."  
"Dear Lord, I thought my eyes were bound and blind,  
But I can see a wondrous, glorious light :  
Why is this prison yard all rose-bedecked ?  
What means this tender pressure on my brow ?"  
"My child, it is My gift, thy Martyr's Crown,  
Lie down—Hold tight My Piercéd Hand.  
Well done!"

HENRIETTA J. HAWKINS,  
*National Council of Trained Nurses of  
Great Britain and Ireland.*



## EDITH CAVELL.

The press of the civilized world has with passion unanimously condemned the murder of a noble Englishwoman in Brussels by the German military authorities. At her trial she frankly owned that she had transgressed the military law by mercifully aiding the escape of her compatriots and others over the Belgian frontier.

The exact circumstances of her martyrdom are not yet officially announced, but very beautiful is the description given by the British chaplain, Rev. H. Stirling T. Gahan, of his interview with her on the evening of October 11th, a few hours before her death.

### THE LAST HOURS.

Mr. Gahan writes:—

On Monday evening, October 11th, I was admitted, by special passport from the German authorities, to the prison of St. Gilles, where Miss Edith Cavell had been confined for ten weeks. The final sentence had been given early that afternoon.

To my astonishment and relief I found my friend perfectly calm and resigned. But this could not lessen the tenderness and intensity of feeling on either part during that last interview of almost an hour.

Her first words to me were upon a matter concerning herself personally, but the solemn asseveration which accompanied them was made expressly in the light of God and eternity. She then added that she wished all her friends to know that she willingly gave her life for her country, and said: "I have no fear nor shrinking; I have seen death so often that it is not strange or fearful to me."

She further said: "I thank God for this ten weeks' quiet before the end. Life has always been hurried and full of difficulty. This time of rest has been a great mercy. They have all been very kind to me here. But this I would say, standing as I do in view of God and eternity, I realise that patriotism is not enough. I must have no hatred or bitterness towards anyone."

We partook of the Holy Communion together, and she received the Gospel message of consolation with all her heart. At the close of the little service I began to repeat the words "Abide with me," and she joined softly in the end.

We sat quietly talking until it was time for me to go. She gave me parting messages for relations and friends. She spoke of her soul's

needs at the moment, and she received the assurance of God's Word as only the Christian can do.

Then I said "Good-bye," and she smiled and said, "We shall meet again."

The German military chaplain was with her at the end, and afterward gave her Christian burial.

He told me: "She was brave and bright to the last. She professed her Christian faith, and that she was glad to die for her country. She died like a heroine."

### PITCHED INTO A PRISONER'S GRAVE.

After her death application was made to the authorities that her body might be exhumed and given over for burial to the Nursing School of which she was Matron, but this request has not been granted. The fact that the sacred remains of this great Englishwoman have been pitched into a prisoner's grave is most grievous to those who knew and loved her.

### GERMAN OFFICIAL DEFENCE.

Probably the real truth of how she was executed will never be known: that she was done to death horribly and in haste is incontestable, but the German official defence states that the execution "took place entirely in accordance with established regulations, and that death occurred immediately after the first volley," and continues:—"Once and for all, the activity of our enemies has been stopped, and the sentence has been carried out to frighten those who might presume on their sex to take part in enterprises punishable with death."

An Englishwoman was selected for this sacrificial slaughter—but Fear is not the emotion which will exact just retribution for this murder.

### QUEENS SYMPATHISE WITH MOTHER.

Their Majesties the King and Queen have sent a touching letter to Mrs. Cavell, the mourning mother of the victim, and Queen Alexandra has also conveyed her sympathy and expressed her "utmost abhorrence of this crime against humanity."

### THE SERVICE AT ST. PAUL'S.

The Prime Minister, and the Lord Mayor, Sheriffs, and members of the Corporation, will attend the Memorial Service to be held in St. Paul's Cathedral on Friday, October 29th inst., at 12 o'clock. Seats are to be specially reserved for members of the nursing profession, for which they are to apply direct to the offices of the British Red Cross Society, 83, Pall Mall, S.W. It will be a very solemn and touching ceremony.

## OUR PRIZE COMPETITION.

### STATE BRIEFLY WHAT YOU KNOW OF THE SYMPTOMS AND TREATMENT OF THRUSH, SNUFFLES, AND CONVULSIONS IN THE NEWLY BORN.

We have pleasure in awarding the prize this week to Mrs. M. E. E. Farthing, Wem Poor Law Institution, Wem, Salop.

#### PRIZE PAPER.

1. (a) *Thrush*.—In this disease small white patches appear on the mucous membrane of the cheeks, inner part of the lips, and the tongue. If untreated the spots unite, and form a kind of false membrane, which may extend into the back of the throat and œsophagus. Green diarrhoea may accompany this condition, and consequently excoriation of the skin around the anus. It is directly due to a fungus, the "odum albicans," gaining access to the mouth and implanting itself in the mucous membrane. This fungus is found in impure milk, and may be caused by decomposed milk on the mother's nipples, or the teat of a dirty bottle, if the baby is bottle-fed.

(b) *Preventive treatment* of thrush consists in washing the mother's nipples before and after feeds; also the infant's mouth out. If bottle-fed, see there are two bottles—plain boat-shaped—and that the teats will turn inside out for cleansing; always boil the bottles for ten minutes after each feed, and leave soaking in cold water until required again. Never allow baby to have a dummy teat.

(c) *Treatment*.—If you have not had the case from birth to be able to prevent the trouble with regard to the mother's nipples, infant's mouth, bottles, and dummy, use the same precautions as above. Well paint all the inside of mouth and tongue with glycerine and borax, and wash out with warm water and borax.

2. *Snuffles* are generally associated with syphilis in the infant. The child finds great difficulty in breathing through the nose, as the passages become blocked up with discharge, which runs down the upper lip and causes excoriation of the skin. It makes it very difficult for the infant to suck properly. The doctor's attention must be called to the child, and his orders must be strictly carried out.

3. (a) *Convulsions*.—Convulsive attacks are by no means uncommon in early infancy. They should be regarded as a symptom of some disease rather than a disease in themselves. The brain, being more irritable in early infancy than later, is the reason they occur so frequently at this period of the child's life.

(b) The causes of convulsions may be divided into three principal classes, viz. :—

(1) The various forms of brain diseases, such as meningitis, tumours, and embolus.

(2) The different forms of nerve irritation, such as severe injuries, prolonged retention of urine, presence of undigested food in the intestinal tract, sudden application of extreme cold to the body, and, later, dentition.

(3) The various factors which may cause auto-intoxication—i.e., poisoning of the infant by poisons found in the child's own body. The most important of these factors, and by far the most common cause of convulsions, is the decomposition of food in the intestines. Also the failure of the kidneys to secrete sufficient urine, and anything which impedes respiration, and so leads to the retention of the different poisons which normal respiration removes from the body.

(c) *Symptoms*.—The muscles of the face and eyes twitch, the body stiffens, the fists are clenched, with slight frothing of the mouth. Respirations, feeble and shallow; heart-beats feeble; appearance, pallid or livid.

Only one convulsion may appear, or a succession. Death sometimes occurs as the result of one single attack, but is usually due to heart failure and weakness from repeated attacks.

(d) *Treatment*.—Call in medical aid. In the meantime place the child in a hot bath (100° F.), the nurse holding it comfortably on the left arm to support back and head. Apply a cold pad to the head, so as to lessen the congestion of the brain. After five minutes in the bath, quickly dry the child with a warm towel, the nurse sitting before the fire with a warm blanket on her knee. Next wrap it in warm woollen garments, and keep it perfectly quiet. If the action of the heart is weak, administer a few drops of brandy and water. The child will be less likely to recover if the convulsions are due to injury of the brain.

#### HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss Gladys Tatham, Miss J. G. Gilchrist, Miss Dorothy Humphreys, Miss S. Simpson, Miss E. Braham, Miss Dora Vine, Miss I. James, Miss B. Macdonald.

Miss E. Braham writes :—The attack generally begins with twitchings of the face, rolling of the eyes, or grinding of the teeth. Then the head and neck after a few seconds retract, and the limbs bend and stretch out alternately. Unconsciousness comes on speedily. There may be for some little time cyanosis, but this passes off, and copious perspiration breaks out.

#### QUESTION FOR NEXT WEEK.

State what you know about the physiology of the open-air treatment.

## "SOMEWHERE IN FRANCE."

(Continued from page 310.)

### TO CAEN.

We flit in the shadow of late afternoon through the beautiful wooded country from Lisieux to Caen, and our first view of *la ville aux clochers* is no surprise. Somewhere perhaps in dreams we have seen those historic spires dominated by St. Pierre pointing heavenwards. Here we are in the very heart of the Conqueror's country, and the twin spires of the Abbaye aux Hommes bring us as close to him as the Tower of London. The former he builded gloriously out of love for Matilda of Flanders, the latter for safety's sake in his slim dealings with the citizens of London. William of

Onistreham, where French Flag Sisters are nursing wounded, and we pass close by the celebrated Abbaye aux Dames, where in her own foundation of la Trinité, Queen Matilda's tomb, although twice desecrated, is still tended by pious hands, and her dust preserved. We pass the old walls which enclose the Hotel Dieu, part of the Abbey, the park and gardens, where devoted women are busy with works of mercy.

As we turn in at the gates of the hospital where our Sisters are on duty we note the fine situation on which its beautiful pavilions are placed. Spacious grounds surround them, and the administrative block faces lawns and beds of glorious crimson geraniums, the most splendid we have ever seen. To approach the portico we pass the block on the right, and there at the windows on



ADMINISTRATIVE BLOCK AND WOUNDED SOLDIERS, CIVIL AND MILITARY HOSPITAL, CAEN.

Normandy loved Caen; it was his dwelling place, the centre of his kingdom which he embellished and made beautiful. It was to Caen—after death at Rouen—that the faithful few brought his body and laid it, but not to rest, in his Church of St. Etienne. We remember how centuries later his tomb was rifled, how his bones, given to a monk, were lost when later the Abbey was sacked, and how his great thigh bone is now all that remains of the mortal remains of William the Conqueror, if we discount his descendants splendidly enthroned and ruling the round world.

It is growing dusk as we come into Caen, but its picturesque streets and churches and Renaissance *hotels* have wonderful charm in the evening light. We are bound for the hospital in the Rue

the second floor are to be seen the smiling faces of British Sisters in their becoming caps and uniforms, and flitting away round a corner to the left a little French nun, all smiles and dimples, no less charming in the demure habit of her Order. Religious and lay Sisters together on duty and working harmoniously, from all reports, for the comfort of the sick and wounded. And pray why not? It is but yesterday—in the æons of time—that a King and Queen of England in the year of Conquest commenced to build their magnificent Abbeys in Caen, to placate an irate Archbishop of Rouen, who had excommunicated them for marrying within forbidden limits, and we may surmise that Norman and English were present together on that great day when, in 1077, the

Church of St. Etienne was dedicated with so much pomp in the presence of the King, his splendid Queen, from whom he defied any Pope to part him, and the great Lanfranc, sometime Prior of Bec, but in that year of grace Archbishop of Canterbury. Indeed, there is nothing new under the sun, and that French and English women should be united in their care of the sick and wounded in Caen would be specially pleasing to Matilda of Flanders, sometime Liege Lady of both.

From the early days of the war the French Flag Sisters have been on duty at Caen, and have been most kindly received and cared for. But this well-equipped hospital is not the environment for the self-denying explorer. On French lines it is a very well ordered hospital, with excellent medical officers, and nursed by nuns. Certain wards and pavilions have been set aside for sick and wounded soldiers, and here they have been well cared for. Not quite in our way, it is true, but each nation has its own way, and the aim of the F.F.N.C. has been to offer help—not to attempt drastic reorganization. For this reason perhaps the Sisters have made themselves very acceptable, and have quietly added much to the comfort of the patients. Miss Alys Barry did much good work here, and now with Sister Ida Peile as Supervisor, the Sisters appear a happy unit.

We arrive at supper time, arranged in a very pleasant room, we silently wish our English cooks would place before us so appetising a meal; the Sisters are gathered together and look bright and happy. Sister Barlow returned from holiday, and Sisters Mann, Mooney, Greaves, Steven, Dunlop, Campbell, and Hawthorne, all give us welcome and offer us hospitality, and then as time is short we are taken to see the hospital which is apparently in excellent order. The hard work is done by the infirmières, the Sisters performing as much nursing duty as permissible. The nuns—who appear very genial women—are in charge of diets—linen—and the general domestic management; all seem to work together in harmony, and to be equally devoted to the welfare of the patients, who sincerely appreciate the trained skill of the English Sisters. The only complaint at Caen appears to be "that we are too comfortable, we hoped in war time to rough it more."

We can sympathise with this desire of the young to assume the hair shirt and craving for sensation. By sensation we mean acute feeling—not excited interest—there is a world of ethical standards between these two mental states.

Well do we remember our dismay the first morning on duty as a "paying Pro." thirty-seven years ago, when the sprightly Matron remarked "You will take late dinner with me at six o'clock." Late dinner! This to an enthusiast longing for a bread and water diet, just to mortify the flesh! And such an excellent dinner, delicious mutton broth, dainty cutlets, two green vegetables, and fruit! We remonstrated about those vegetables, and hear again the hearty laughter of that sane little woman (now gone to her rest) as she delivered her first lecture to us over a delicious cup of coffee, on the science of dietetics—through which she claimed was alone to be found the real elixir of life, health,

success and happiness, and the general confutation of the devil.

It is almost dark as we say good bye to the Caen contingent, glad to have found them so useful and so greatly appreciated and adding so materially to the good name of the Corps. We stay the night at the most excellent Grand Hotel d'Angleterre, where we find in our *appartement* a most fascinating



SISTERS AT SUPPER.

arrangement—a glass cubicle in the corner, complete within it is fitted with washing apparatus, hot and cold water and other conveniences. What a delicate contrivance for a married couple. We wonder so simple and decent an arrangement is not in common use. A few hours' sleep and as Miss Ellison is due at the Ministry in Paris at one o'clock, we fly away from Caen at an early hour and vanish in a mist which obscures the surrounding view. Soon after midday we are sunning ourselves in the Bois de Boulogne and in a few hours are *en route* for Bordeaux. E. G. F.

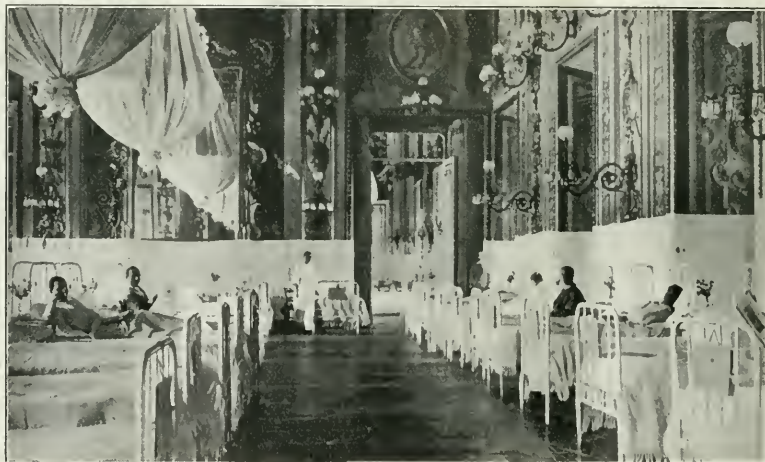
The Secretary of State of the Health Department of the French Ministry for War has decided that the names of those Sisters of the F.F.N.C. shall be pointed out to him who have by their devotion and courage deserved being proposed for an honorary distinction.



## NURSING AND THE WAR.

Miss Dorothy Snell, Matron of the Scuola Convitto Regina Elena at Rome, just now in this country, is able to report substantial progress during the five years the school has been in existence. Already it has trained not only capable staff nurses, but several excellent Sisters, and the work is bearing good fruit now that nurses are needed for the sick and wounded. The school has taken over between 150 and 200 beds in the Military Hospital at Verona, and it is hoped to take over more wards, so that these Italian nurses have the joy of caring for their compatriots, and the Italian soldiers of being nursed by well-trained, up-to-date, sympathetic women who speak their own language. These first fruits of the work of

when they embarked on s.s. *Balmoral* on September 26th, and on the *Norman* the following week. Great crowds assembled to wish them a safe journey and an opportunity to serve the Empire. The Springbok war-whoop, sustained on a most terrifying note—the happy, expectant gladness of the men's faces who uttered it being alone reassuring—crashed out blow upon blow. The good ships came safely to port in England, and the Sisters were dispatched through the War Office to various military hospitals in England, where they will be usefully employed gaining experience to specially fit them for service in a hospital for South African wounded, when such a hospital is organized. All nurses who volunteer from Dominions over seas, naturally long to be on active service, as near their Expeditionary Forces



A WARD FOR ITALIAN WOUNDED IN THE KING'S PALACE AT ROME.

those who have laboured so unceasingly for the efficiency of the school—Princess Doria and Mme. Maraini, as well as Miss Snell, with whom rests the responsibility of the training—must bring joy indeed to them.

Our illustration of one of the stately apartments in the Quirinal, the King's Palace at Rome, shows it devoted to the care of the wounded. The nursing arrangements at the Quirinal have been entrusted to the Roman branch of the Red Cross. The Queen has also set aside rooms in her palace at Milan with the same object, and these are also in charge of the local branch of the Red Cross.

The South African Nursing Contingents for Europe had a fine send off from Cape Town,

as possible, so as to care for "our own men," and in many cases this has been arranged. But reasonable women will realise that this is not always possible and will, we feel sure, do honour to their cloth by working willingly wherever they are sent, so long as they care for British wounded. The Springbok Badge which is the badge of the South African Contingent is, we believe, to be presented to each of the Sisters from South Africa.

A Sister writes: "We are all directly under the Imperial Government and receive the Imperial rate of pay. Those of us who are fortunate enough to belong to Government Service in S.A. are receiving an allowance to bring our salaries to the amount we usually earn. Many hospitals

in South Africa are paying half their nurses' salaries—so that many are receiving more than the Army Nursing pay. But, if we had been invited to serve for out-of-pocket expenses only, we should have come. We are glad to know that when we get our own South African hospital it will be under imperial control, and not under any private unprofessional people. That we should certainly resent, and consider an indefensible system. We want our hospital staffed by a sufficiency of thoroughly trained nurses, as there are still numbers willing and anxious to come over and help. If untrained help is made use of it should, in my opinion, be in the performance of orderlies' duties, and the kitchens and domestic management could be put in the hands of earnest women workers who are not trained as nurses. Unskilled hands should be carefully kept from meddling with the sick and wounded. We South Africans feel this very strongly.

Mrs. Creagh, the Matron-in-Chief, who was trained in this country at the Royal Free Hospital, is at present in the West of England, and Sisters Child, Ebdon, and Freeling are at No. 1 Birmingham War Hospital, Rubery, Birmingham. Sister Child, who has already seen much active service, holds the South African War Medals, the Order (Hon. Serving Sister) of St. John of Jerusalem, and the Greek Red Cross, but not the Royal Red Cross, as reported last week.



Mlle. JULIETTE CARON.

Mlle. Juliette Caron, on whom the King has conferred the Cross of the Order of St. John of Jerusalem, gave devoted care to wounded British soldiers during the retreat from Mons, and was the means of saving the lives of the survivors of the ill-fated L Battery of the Royal Field Artillery. In our portrait (for which we are indebted to the *Ladies' Field*) Mlle. Caron is seen wearing this decoration.

Further details of the story of Sister Myra Ivanovna, the young Russian Sister of Mercy (only twenty years of age) who died after rallying a hardly pressed regiment, have come from Petrograd. It appears that Sister Ivanovna, a small, nervous woman, with sparkling eyes,

accompanied her brother who is a military doctor to the front. Everyone laughed when she asserted she was quite ready to lead the troops into action. "They all talk like that," said the doctors, "but then the reaction comes, and they will faint." But when her opportunity came, she was not found wanting. When the Germans outflanked the regiment to which she was attached and poured a deadly fire into the trenches, she quietly remained there, caring for the wounded.

Every moment the situation became more desperate, officer after officer was wounded and finally the commander killed. Then the Sister, actuated by indignant horror at the unequal fight, and seeing the men wavering, drew a sword from the sheath of a dead officer and rallied the men

with the word "Gol-onbebbiki" (Dear Ones). In the teeth of the enemy's machine guns they followed her to a man, and, apparently led by a miraculous pioneer, made a wild dash for, and took, the enemy's trench. When the enemy fled precipitately, on the ground trodden by the feet of eager combatants lay Sister Myra Ivanovna. Rough soldiers wept over her as they tried, in vain, to staunch her wound, and were carrying her out of the line of fire when she fell dead, struck by another bullet.

M. Kupchinsky, the famous correspondent of the *Bourse Gazette*, quoted by the Petrograd correspondent of the *Central News*, writes that she was "A true heroine, a type of the Russian woman, who is guiding us to victory." Russia may well be proud of her.

Mrs. Harley, one of the sisters of Field-Marshal Sir John French, has started for the Levant with a large party of nurses and a quantity of much-needed hospital stores. They will find plenty of work at the Allies' base, we have no doubt.

It is reported that the Metropolitan Asylums Board have just discovered that nearly 300 of their nurses have got married, mostly to soldiers, without permission. The nurses have all been formally dismissed, but taken on again, subject to the condition that their services can be dispensed with at one day's notice.

## CARE OF THE WOUNDED.

The work of Scottish women during the war is a splendid record of efficiency, and conspicuous amongst it is the organisation of the Scottish Women's Hospitals, in which Dr. Elsie Inglis of Edinburgh has taken a distinguished part. These hospitals are to-day established in France and Serbia, and are rendering invaluable help and solace in these countries. Dr. Louise McLlroy is the Chief Medical Officer at the hospital near Troyes, and it is by the kindness of the editor of the *Ladies' Field* that we are permitted to publish the portraits of these two distinguished medical women.

The galleries at Burlington House, Piccadilly, W., are almost unrecognizable just now, but never were they put to a better use than at present, when, by the kindness of the President and Council of the Royal Academy, a large suite of rooms has been lent to the British Red Cross Society, to be used as Central Work Rooms, for the supply of hospital necessaries and comforts for the wounded at home and abroad.

The rooms were on view on Thursday, October 21st, the anniversary of the formation of the Joint War Committee and on the following day work began. The objects of the Work Rooms are two-fold.—(1) To provide accommodation for ladies who are willing to work without pay. About 400 of these workers will be registered, but the number working at one time is limited to 200. (2) To promote uniformity of method, to give instruction in making articles which are badly needed, and to prevent overlapping, by co-ordinating all parties working for the wounded in the United Kingdom and the Colonies. The scope of this branch of the work is therefore unlimited.

Turning to the right from the central vestibule bare of statuary, we enter a suite of pictureless rooms, the first of which is furnished as a Reception Room and an office, where the President, the Countess of Gosford, assisted by the Hon. Secretaries, Lady Constance Butler and Miss Vera Pragnell, interviews enquirers, and generally takes an active share in promoting the objects for which the Central Work Rooms have been estab-

lished. Here also is the desk of the Chairman, Sir George Pragnell, who is responsible for the harmonious working of the rooms with the Stores Department of the British Red Cross Society at 83, Pall Mall, which finances the workrooms.

In the next room is to be found the Hon. Matron, Mrs. Phillip Turner (wearing the cap of the Guy's lady pupil), explaining to interested listeners the uses of specimens of the articles to be made, displayed on the central table—triangular, many tail, roller and other bandages, swabs, small knitted squares, which can be easily fashioned by the fingers of old people, and little children, and many other useful articles.

On another table illustrated paper patterns and full directions for knitting cardigan jackets,

woollen slippers, day socks, heel-less bed socks, woollen belts, gloves, and a variety of useful articles are supplied.

In this room also are racks for the blue overalls worn by the workers. These are made with turn down collars, big pockets, and each has on the left-hand side a red cross on a white ground.

In the garment and needlework rooms are many sewing machines which should accomplish an immense amount of good work, and last of the suite, but not least in importance, is the bandage room, furnished with fourteen tables covered with white American cloth, to each of which a bandage winder is fixed, so there is plenty of scope for many workers of varied talents, as a visit to these Central Work Rooms will speedily convince them.



DR. ELSIE INGLIS.

The munificence of the public in its support of "Our Day" for the wounded, will it is estimated bring in an enormous sum of money to the funds of the Joint War Committee, £3,000 and upwards is being spent daily in the work it has undertaken so that there cannot be a penny too much for its needs.

In connection with the inauguration of the Star and Garter Red Cross Home, the Red Cross Committee have asked the Committee of the British Women's Hospital to raise the funds necessary for the new building proposal. The British Women's Hospital (2, Robert Street, Adelphi) confidently appeal to all British women at home and overseas to help them to raise the necessary sum of £50,000.

## "TAKE IN" DAY AT A CASUALTY CLEARING STATION.

The work at a Clearing Station is, of course, very different from that of a General Hospital. There are no such luxuries as beds or sheets, but the patients lie on stretchers with a couple or more blankets, a pillow, and a large mackintosh (called a ground sheet) under them to cover the stretcher. "Take In" comes regularly so many days a week, and lasts from midnight to midnight. Plenty of dressings need to be prepared beforehand, the theatre put in readiness and the cooks are responsible for having beef tea, hot milk, or food of some sort all ready. Generally there is not much of a rush till about nine or ten in the morning, then a stream of ambulances pours up till all or nearly all the available space is filled up. Schools are very often used as Clearing Stations.

As the patients come in from the ambulances they are diagnosed as surgical or medical. The severe cases or "Lyers" go to the part of the building chosen and prepared for them, and the "Sitters" or less injured take what places left. Each case on entrance is given a white card on which is written his name, regimental number, corps and spaces left for the medical officer to fill in the diagnosis, treatment, age and religion. The medical officer must also decide whether the patient will be evacuated lying (stretcher case), and if so puts a large "L" on the card, otherwise he is put on the list of sitting cases (able to sit up in the train). A tin disc with the number of the space where the stretcher will lie is also sent in with each admission. When the medical officer has examined all the patients the discs and cards are collected and taken to the office so that the sergeant major knows how many beds are filled and the clerks can enter the names and particulars in the books.

As soon as the patients are admitted they are

given a feed of some sort and then all wounds are dressed. After this the stretcher cases are given a blanket bath, while those who are able to walk can go themselves and get a thorough wash—which is much appreciated. For the severely injured there are pyjama suits and the others get clean shirts and socks—if they have worn their present underclothing for more than a week (more likely to have been several weeks!).

The cheerfulness of the men is wonderful—always ready to make the best of everything. It is noticeable that almost the first thing a wounded

man asks for is a drink of water—they all seem to crave for it as soon as they are hit. The next most popular item is the beloved "Woodbine," and thanks to the many kind friends at home there is generally a supply of these to give round as soon as a convoy of wounded arrives.

Unless there has been very heavy fighting all these men get a night's rest and next day the majority are evacuated, going on to a General Hospital. Occasionally it is only possible to keep them a few hours and then they have to move on to make room for a fresh convoy. Those only requiring a few days' rest and treatment to make them fit again are kept in the clearing Station and either return to "duty" or go to a Convalescent Camp for a few days more.

Diets are not a difficult matter as it is a choice of "Milk" or "Field Rations."

Before evacuation each man must have a label tied on his coat with full particulars about him—the nature of his injury and treatment given. Those dangerously ill or with wounds needing careful attention have red borders to their labels. Little bags with the man's name on are given to the stretcher cases and their personal belongings put inside as so often the kit is lost or too much damaged to be of use again.

It is a marvel how well operation cases do and how quickly they are able to be moved on to a Base Hospital.

M. D. HUNTER.



DR. LOUISE McLROY, M.D., D.Sc.



## ENDSLEIGH PALACE HOSPITAL FOR OFFICERS, W.C.

### A NEW COMMITTEE IMPERATIVE.

We have pleasure in publishing the following letter from Miss Florence Tubbs, recently Matron of the Endsleigh Palace Hospital for Officers.

#### MISS TUBBS DEMANDS INDEPENDENT INVESTIGATION.

To the Editor of THE BRITISH JOURNAL OF NURSING

DEAR MADAM,—I beg to thank you for the space you have devoted to reporting the circumstances connected with my dismissal from the office of Matron at the Endsleigh Palace Hospital for Officers, and for the trouble you have taken to secure justice for myself and the nursing staff.

THE BRITISH JOURNAL OF NURSING, in contradistinction to the commercial nursing press, has approached the question with sympathy and understanding from the nurses' point of view; and, had it not been for the publicity given by it to the case, the professional standpoint would never have been presented.

I beg the courtesy of your columns to make plain the following facts.

Until the Chairman, Sir Archibald Williamson, informed me verbally that the Committee proposed peremptorily to terminate my engagement, I had had no intimation from them that they had any complaint to make of my work.

In regard to the leave given to officers, to which reference has been made in the press, that did not come within my province, but within that of the Commandant. I am aware that I incurred some displeasure because I would not act as a spy in regard to my superior officer, in his performance of this duty, and report to the Committee concerning it. The question of leave for officers was dealt with by the Commandant or the Resident Medical Officer.

I claim that if the Committee, as is now asserted, had cause of complaint against me, it was their duty to acquaint me with those complaints, and to give me an opportunity of answering them, instead of proposing that I should consent to leave the hospital secretly at a few hours' notice, and thus place myself entirely in the wrong.

I claim, further, that in a military auxiliary hospital, subsidized by the State, the nursing staff should have an appeal to an independent enquiry by the War Office, in case of injustice affecting their professional reputation, because the majority of the committees which govern these institutions know nothing whatever about nursing, and have no right to express an opinion about professional work.

As I court the utmost publicity in my own case, I have made a personal appeal to the Secretary of State for War, asking him to direct that such an independent enquiry shall be made into all the circumstances of my summary dismissal.

In conclusion, may I take this opportunity of expressing to the Sisters and Nurses and the members of the Voluntary Aid Detachment, who have supported me, my sincere appreciation of their loyalty to the principles for which I am contending; and also our united thanks to those officers who have so touchingly expressed their appreciation of our services. Our only regret in leaving the hospital, is that we are unable to serve them further; but, we feel sure, that one and all thoroughly realized that no woman with any self respect could risk her reputation by remaining in the institution under the absolute authority of the present Executive Committee.

My indebtedness to yourself and THE BRITISH JOURNAL OF NURSING needs no demonstration.

I am,

Yours faithfully,

FLORENCE TUBBS,  
Late Matron Endsleigh  
Palace Hospital for  
Officers.

We are entirely in sympathy with the demand of Miss Florence Tubbs, that the Secretary of State for War shall institute a searching inquiry into the whole circumstances of her dismissal at a few hours' notice by five members of the Executive Committee, and we hope the numerous Cabinet Ministers whose names appear on the General Committee will hasten to support this demand.

#### NO WARNING GIVEN.

We note that the Chairman, Sir Archibald Williamson, states in the press, "The Committee determined after one warning" to dismiss the Matron. The Matron states emphatically no "warning" was ever given to her by the Committee, and we are of opinion that the following letter, sent to her on her request that the accusations against her should be given in writing, proves distinctly that the Committee of five civilians, including Sir Archibald Williamson and his wife, decided to discharge this professional lady at a day's notice—and estimated this professional damage at one week's salary of £3 in lieu of notice!!

Scandalous is the only word which describes such treatment.

#### THREE POUNDS IN LIEU OF NOTICE.

Endsleigh Palace Hospital for Officers,  
Endsleigh Gardens, London,

October 16th, 1915.

DEAR MISS TUBBS,—With reference to your letter of the 14th inst., addressed to the Executive Committee of the Hospital, I am directed to inform you that the Committee decided to make a change of Matron because they were of opinion that you have not maintained a sufficiently high standard of order and discipline in the hospital.

I am to add that the decision was come to unanimously, five members of the Executive Committee being present and one absent.

The following is excerpt from the minutes relating to the meeting of October 7th, dealing with the matter:—

"After considerable discussion, it was unanimously decided that it would be in the interests of the hospital to obtain a new Matron. The Chairman was requested to tell the Matron that the Committee wished to make a change, and that they would prefer she should leave without waiting for her full term of notice, and would pay her salary and expenses in lieu of notice."

Yours faithfully,

RUTH PHILLIPS,

Secretary.

Miss Florence Tubbs.

As statements calculated to damage the reputations of members of the nursing staff who have recently resigned their connection with the hospital, are being widely circulated, we must warn members of the Nursing Profession against accepting service at this institution, until the War Office has taken effective steps to protect their good names. The present Executive Committee have proved themselves quite incapable of sound judicial management of the nursing department, and we consider that the War Office should without delay appoint a committee representative of nursing opinion which would be qualified to maintain professional discipline in the institution. The present tone in the hospital makes this impossible.

#### PRUSSIA IN ST. PANCRAS.

The commercial nursing press, run for profit by hospital governors, has, as usual, on a question of justice to the profession it exploits, covered itself with ignominy. It trumpets forth its support of the policy of "Prussia in St. Pancras" with no uncertain sound, which no doubt will bring grist to its mills. It may be treated with the contempt it deserves.

#### CATHOLIC WOMEN'S LEAGUE NURSES' GUILD.

The Catholic Women's League Nurses' Guild, 116, Victoria Street, S.W., is doing good work in providing a centre where nurses of the Roman faith can meet for social and professional intercourse. Members of the Guild, which is under the patronage of His Eminence the Cardinal Archbishop of Westminster, and which numbers amongst its members nurses who are also members of the Irish Nurses' Association, have done good work in France and in Belgium, which are Catholic countries, where their services have been greatly appreciated by Catholics.

#### FRENCH FLAG NURSING CORPS.

Miss Gertrude Keegan, cert. Guy's Hospital, and Miss Beryl H. Rawlings, Registered Nurse, cert. Timaru Hospital, New Zealand, leave for France on Friday, October 29th. The Committee are receiving an increased number of applications now that the regulation that the Sisters must sign for the duration of the war has been relaxed by the French Government, and a six months' service is permissible. Quite a number of Sisters who have completed a year's service with the F.F.N.C. are continuing their work, which they agree is intensely interesting, now that they speak French and understand how best to be useful. Of the French wounded there is but one opinion—that they are "the most heroic and grateful of men."

#### A NATIONAL MEMORIAL TO THE LATE MISS CAVELL.

The *Daily Telegraph* at once took the initiative in the organization of a National Memorial in honour of Edith Cavell, and its announcement that a statue would be erected in London met with instantaneous and widespread approval and support. The consent of our greatest sculptor, Sir George Frampton, R.A., to model the statue as a "labour of love" has aroused great enthusiasm: thus a work of art is assured, which cannot fail to adorn any site chosen for it.

#### THE CAVELL NURSING COLLEGE.

As Brussels was the scene of the matured work and martyrdom of Edith Cavell, we would suggest that a fund be raised to commemorate her in that fine city. The education and training of Belgian nurses was dear to her heart. Let there arise a beautiful Cavell College of Nursing in the capital of Belgium, "when the King comes to his own again," as those who love mercy and justice throughout the world are determined that he shall.

The *Daily Mirror* Memorial Fund is to be devoted to paying for the new Nurses' Home at the London Hospital, where Miss Cavell was trained. Queen Alexandra has desired that, instead of the "Alexandra Home," it shall be named the "Edith Cavell Home." This, of course, will be a local and not a national memorial, and should not be confused with such by those who desire that the nation as a whole should be able to commemorate the patriotism of one of its most noble daughters in an imperial manner.

## RICHMOND MILITARY HOSPITAL.

This hospital is one of those that have been taken over from the Poor Law Authorities for its present use, and is admirably adapted for its purpose. It was growing dusk when we arrived, but it was light enough for us to admire the entrance of the building, which is said to have been a shooting box of George III. Even now the close vicinity of beautiful Richmond Park would appear to offer opportunities for sport, for when by the courtesy of the Matron we were allowed to stand in the gathering darkness on the balcony of one of the upper floors, overlooking the park, most weird anti-phonal grunts broke the stillness and we were informed that they proceeded from the deer, apparently close at hand. All this within 8 minutes' walk of a "33" bus from Piccadilly.

The present accommodation for the wounded is 420 beds, with a probability of increase. The fine, long wards of the infirmary buildings require very little adaptation, and the laundry and kitchen leave nothing to be desired. In the latter we noticed a beautiful terrazzo floor. The central dining-room is another feature of the building, and there our admiration was centred on the hot table for serving the meals, with the top resembling large gravy dishes and cupboards below, where the food is placed till it is served. The whole structure is, of course, metal throughout and is a possession to be aimed at by all institutions where there is a common dining-room.

The X-ray room and theatre have been adapted and the latter is completely fitted with all modern

requirements. The flooring here is of red composition, and the interior white enamel throughout. The X-ray room is of a soft green.

The patients are transfers, and many of them were up and enjoying bagatelle and other games in rooms provided for recreation. The cheerful sounds of the gramophone reached us from more than one quarter, and we were told that this instrument is most popular.

The dressing trolleys, made after a design by the Matron, are dainty, convenient and inexpensive. They are of wood enamelled white, with rubber wheels about three inches in diameter and fitted with a special pole for the douche can. The wheels, which ensure easy, noiseless running, cost 15s. for the four, and the total cost of the trolley 27s. made locally. They are quite admirable.

Accommodation for all the nurses is not possible in the hospital, and a fine house has been taken some three or four minutes' walk off. They cannot complain of their immediate society, for the house adjoining is occupied by Queen Amelie of Portugal. It is comfortably furnished, and though it has been found impossible to give separate rooms for the nurses—in some rooms there are five beds—screens are provided and everything else that can minister to their comfort.

The rooms are very spacious and lofty. We were amused to learn that the War Office regulations compel the authorities to provide a bedside table for each nurse, and in the sitting-room a Chestfield to every ten nurses.

The corner cupboards, costing 5s. without the curtain, deserve a wide popularity; they are in the form of a frame, which can easily be taken down and folded up for packing.



MISS GERTRUDE FLETCHER.  
MATRON, MILITARY HOSPITAL, RICHMOND.

The patient's kit is an item of great importance in military hospitals, and Miss Fletcher has made the care of it one of her chief considerations.

The authorities are fortunate to have secured the services of this lady, who has had a wide and varied experience. She had already, as Matron, organised the Nursing Department at the American Women's Hospital at Paignton, and as Assistant Matron helped to do like office for the Norfolk War Hospital, which is said to be near perfection. She is assisted in the nursing by a staff of highly-trained and experienced Sisters.

We are indebted to her for her courtesy in sparing valuable time to give us so much interesting information.

H. H.

## THE JOINT WAR COMMITTEE.

Miss Swift, the Matron-in-Chief under the Joint War Committee, recently made a tour of inspection to the Anglo-French and Belgian Hospitals and those of the Joint War Committee. She visited Lady Hadfield's Hospital at Wimereux; at Calais, the British Farmers' Anglo-Belgian Hospital, and the Rest Station, which is attached to the railway, and contains 120 beds, 12 of which are reserved for officers.

The wounded are here taken off the trains, fed, put to bed, and their wounds dressed; they are then drafted off to other hospitals. The work is managed by Belgian Ladies, supervised by the Matron of the British Farmers' Hospital, when a rush occurs, and a trained Sister takes charge at night. Miss Swift visited 16 Train, which was in the station at the time of her visit.

At Etaples, St. John's Brigade Hospital, which is well arranged in huts, with a perfect equipment, theatre, electrical department, and every modern appliance. The wards are large and airy. Also the Liverpool Merchants' Hospital, which is beautifully equipped and arranged, and the Allied Forces Base Hospital.

At Paris Plage, the new Baltic Corn Exchange on the sea front, formerly an hotel, is very well adapted for the purpose now used.

At Le Touquet.—The Duchess of Westminster's Hospital for Officers.

At Abbeville.—The Friends' Hospital. The Rest Station, new wooden buildings, where patients taken off the trains are tended. Here there is accommodation for 800—900 to be fed and dressed.

There is also a small hut for cases too bad to be moved.

No. 2 Hospital of the British Red Cross for Officers at Rouen is a monastery lent by the French to the Joint Committee. It contains 120 beds, a large proportion being in private rooms. It is an interesting building, standing in its own grounds, of which the patients and the staff have the use. In the gardens adjoining stands the Bishop's Palace. This well equipped hospital is full of patients, many from La Bassée and Champagne.

The following Sisters have been deputed to duty in Home Hospitals:—

*The Red Cross Hospital, Reigate.*—Miss M. E. Moore.

*Auxiliary Military Hospital, Levenshulme.*—Miss P. Mapletoft.

*14, Royal Crescent, Brighton.*—Miss C. Parker.

*Llanarthne Hospital, Castleton, Cardiff.*—Miss I. W. F. Lowe.

*Dane John Hospital, Canterbury.*—Miss M. Hutchinson, Miss F. Stearman.

*Victoria Auxiliary Hospital, Stretford.*—Miss A. Hutchinson, Miss E. F. Burke.

*Temporary Hospital, Exeter.*—Miss F. H. Berry. *Lyon House, Brentford.*—Mrs. Moberley.

*V.A.D. Hospital, Newton Abbott.*—Miss M. M. Murphy.

*Soldiers' Hospital, Royston, Herts.*—Miss E. A. Mason, Miss E. J. Hurlston.

*Blythwood Hospital, Bysfleet, Surrey.*—Miss E. D. Harris.

*V.A.D. Hospital, Rosemary, Harpenden, Herts.*—Mrs. Lovell.

*Temporary Hospital, Richmond Hill Road, Edgbaston.*—Miss M. Dunn.

*Ablington House, Figheldean, Salisbury.*—Miss M. E. Slane.

*V.A.D. Hospital, Standish, Stonehouse, Glos.*—Miss K. E. Skinner.

*V.A.D. Hospital, Wallfields, Highfields.*—Mrs. King Brown.

*Red Cross Hospital, Winchester.*—Miss E. E. M. Parker.

*Combe Lodge, Great Warley, Essex.*—Miss M. A. Lackens.

*Highland Moors Hospital, Llandrindod Wells.*—Miss E. M. Smith.

*Clandon Park Hospital, Guildford.*—Miss B. M. Gray.

*V.A.D. Hospital, Naunton Park, Cheltenham.*—Miss E. K. Spencer.

*Regent's Park Hospital, Southampton.*—Miss G. E. Skinner.

*Boxmoor House Hospital, Boxmoor.*—Miss A. E. A. Scanlan.

*V.A.D. Hospital, Southborough, Tunbridge Wells.*—Miss E. K. Good.

*Golden's Green Military Hospital.*—Miss M. T. Mitchell.

*Red Cross Hospital, Horsham Road, Dorking.*—Miss E. Ward.

*Home Mead Hospital, Lymington, Hants.*—Miss I. M. Iyer.

*Yarrow Military Hospital, Broadstairs.*—Miss A. Postlethwaite, Miss H. M. Turner.

*V.A.D. Hospital, Thirsk.*—Miss M. O'Connor.

*Hanworth Park, Feltham, Middlesex.*—Miss H. M. Green.

*Merthyr-Aberdare Auxiliary Hospital.*—Miss Brereton.

*Brook War Hospital, Woolwich.*—Miss E. Creed, Miss F. G. Clark.

*Cottisbrook Hall, Northamptonshire.*—Miss M. Hopkins.



## APPOINTMENTS.

### MATRON.

**Aberdeen Hospital for Incurables.**—Miss Henrietta Munro has been appointed Matron. Her previous appointments have been, Staff Nurse at the Royal Hospital for Sick Children, Aberdeen; Sister at the Northern Hospital, Inverness, and Nurse Superintendent at Oldmill Hospital, Aberdeen.

**Isolation Hospital, Hitchin.**—Miss L. M. Pearson has been appointed Matron. She was trained at the Infirmary, Portsmouth, and has held the position of Staff Nurse at the Plaistow Fever Hospital, Senior Sister and Deputy Matron at the Sanatorium, Cambridge, Night Sister at the Sanitary Hospital, Bournemouth, and Senior Sister and Deputy Matron, Borough Fever Hospital, Dover.

**Royal Eye Hospital, Manchester.**—Miss A. B. Barter has been appointed Matron. She was trained at St. Thomas' Hospital, and has held the position of Lady Superintendent at the Children's Hospital, Liverpool, and of Matron at the Coventry and Warwickshire Hospital.

### SISTER-IN-CHARGE.

**Hospital of St. Cross, Rugby.**—Miss L. B. Lloyd-Williams has been appointed Sister-in-Charge of Brookfield Nursing Home. She was trained at St. Bartholomew's Hospital and has been Sister at the Manchester Children's Hospital, Hampstead General Hospital, and at Addington Park War Hospital. Miss Lloyd-Williams holds the certificate of the Central Midwives Board.

### SISTER.

**The Eye Infirmary, Wolverhampton.**—Miss L. Kingham has been appointed Sister. She was trained at the Royal Westminster Ophthalmic Hospital, and at Lewisham Infirmary. She has held the position of Sister, and has also been Assistant Matron at the Royal Institution for the Blind, Edgbaston, and Matron of the Hayes Cottage Hospital.

### CHARGE NURSE.

**Tuberculosis Hospital, Welford Road, Northampton.**—Miss B. Feltham has been appointed Charge Nurse. She was trained at the West Derby Union Infirmary, Liverpool, where she has held the position of Staff Nurse.

### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Mary Dorothy Rabbidge has been appointed a Nursing Sister.

### QUEEN VICTORIA JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Miss Susanna Horsley is appointed to Hammer-smith as Assistant Superintendent. Miss Horsley received general training at Poplar and Stepney Sick Asylum, midwifery training at Gloucester and district training at Sunderland. She has since held several appointments under the In-

stitute, including that of Assistant Superintendent for the Derby C.N.A.

Miss Lucy Gatenby is appointed to Bury; Miss Emily A. Stacey to Brighton.

### THE NURSES' ASSOCIATION OF CHINA.

Miss Batty, of the China Inland Mission, Shanghai, has been appointed Hon. Secretary of the Nurses' Association of China.

### EXAMINATIONS.

The following Nurses passed their Final Examination at St. Bartholomew's Hospital on October 21st:—

1 (equal), Enid Constance Elizabeth Bruce and Helena Enid Sutherland; 2, Rosabelle Stanley; 3, Lillian Dora Rowntree; 4, Muriel Beauchamp; 5, Ada Emily Calvert Jones; 6, Edith Mary Jameson; 7, Henrietta Henry Duff; 8, Mary Thomas; 9 (equal), Janet McAlister Brown and Jessie Brown Underwood; 10, Ida Elizabeth Cheal Peters; 11, Eva Gladys Beard; 12 (equal), May de Rozario and Constance Muriel With; 13, Annie Frances O'Kane; 14, Dorothy Minchin; 15, Roberta Dorothea Graff; 16, Helena Mary Cronin; 17, Dorothea Grace Moir; 18, Ada Elsie Harris; 19, Florence Violet Cooper; 20, Elsie Tatham; 21, Winifred Dear; 22, Mary Eether McCaule.

### FIRST YEAR PROBATIONERS.

Miss A. W. Brittain headed the list in the examination of first year probationers.

### RESIGNATION.

Miss Davison, Matron of the Cedars Convalescent Hospital, Woodthorpe, connected with the Nottingham General Hospital, has resigned the position of Matron, which she has held for over two years. Miss Jessie Smith, formerly Assistant Matron at the General Hospital, and also Matron at the Throat Hospital, Golden Square, London, W., has been appointed to succeed her.

### PRESENTATION.

The Women's National Health Association recently met together in Cork, to congratulate Mrs. Donovan (Nurse Healy) on the occasion of her marriage. Miss Joan Lyons, the chairman, spoke enthusiastically of the devotion and self-sacrifice of Mrs. Donovan to the needs of the poor of Cork, and presented her with a beautiful silver salver from the Committee, together with an expression of their sincere good wishes for her continued happiness and prosperity.

By kind permission of the Earl and Countess of Crewe, a Drawing Room Sale will be held at Crewe House, Curzon Street, W., on Wednesday, November 24th, from 12 to 7 o'clock, in aid of the funds of the Royal Medical Benevolent Fund Guild. Many useful things will be sold for 1s. and upwards, and soldiers' comforts packed and despatched to the front. Admission 1s.; tea 1s.

## NURSING ECHOES.

Recent events in the Nursing World have proved how absolutely necessary it is that trained nurses should have recognised legal status, and have secured to them not only efficient training and professional instruction, but that through State Registration they should enjoy distinction from unqualified women. Speaking with a New Zealand Sister recently, she said:—"I left the Dominion an enfranchised citizen and a registered professional woman; here I feel like the ghost of my former self—there is nothing to me." How true. We advise all trained nurses as soon as they gain their hospital certificates to join the Society for the State Registration of Trained Nurses in England, and corresponding societies for levelling up their status in Scotland and Ireland. Apply to the Hon. Secretary, S.S.T.N., 431, Oxford Street, London, W., for information, and a form of application. The cost of membership is one shilling annually, and the great satisfaction that you are doing your individual bit for the uplifting of the profession as a whole.

Trained nurses should carefully see to it in these days that they take part in controlling their own financial affairs. For instance, the National Insurance Act for the first time made it possible for them to do so, in connection with State insurance. There is something so futile in handing over all responsibility for control and expenditure of one's money to either a person or committee which excludes one practically from any power in connection with it.

For this reason matrons and nurses have founded the Trained Women Nurses' Friendly Society, which is entirely managed by a committee of nurses, and which has been so carefully conserved that a handsome sum has already been saved on the sick benefit allowance. Thoughtful nurses should support this self-governing professional Society by applying for information to the Secretary, T.W.N.F.S., at 431, Oxford Street, London, W., when, we feel sure, they will wish to join it, and encourage their friends to do likewise.

The Lords' amendments to the London County Council (General Powers) Bill and the London County Council (Tramways and Improvements) Bill were considered and agreed to on the 21st inst., so Nursing Homes are safe from association with disorderly houses for the

time being. The Society of Superintendents of Nursing Homes should keep a vigilant look-out for legislation of such a nature.

The City Hospital, Little Bromwich, near Birmingham, will shortly receive all the cases of infectious disease in the city transferred to hospital, as the Lodge Road City Hospital is shortly to close. This will necessitate the opening of three wards for diphtheria at Little Bromwich, and consequently increase the value of the hospital as a training school in fever nursing. It is already recognized by the Fever Nurses' Association, and from eight to ten nurses go up for the examination of the Association every six months.

Probationers are received at the age of nineteen, and pass on to general hospitals at the conclusion of their special training. The Sisters are all fully trained, but, owing to the war, the authorities, like those of many other hospitals, find it most difficult to fill the vacancies. Applications from Sisters who are older than those ordinarily accepted would be considered. The conditions are comfortable, the wards well staffed, and the time off good.

The hospital contains 480 beds, and is in the country, but only ten minutes' walk from the car terminus, and by car the progressive and interesting city of Birmingham can be reached in half an hour.

Miss Kent writes from Toronto that she and Miss Hulme expect to be home next month. They leave every place they visit with regret, as they have been received with so much kindness and hospitality. Miss Snively, who has done all in her power to make their visit delightful, is, says Miss Kent, "held in the greatest affection by the nursing profession in Canada, for whom she has done such fine pioneer organizing work." New York now calls our delegates, as they are anxious to study some of its social problems and see how they are solved. In spite of war and Zepps, the National Council of Nurses must prepare a warm welcome for Miss Hulme and Miss Kent once they are safely home, and arrange a meeting to hear all they have to tell us of their most entrancing tour.

The Rev. Joseph Bernard Foster, vicar since 1871 of Manuden, Stansted, Essex, who died on September 23rd, leaving £21,308, bequeathed the residue of the property, which will probably exceed £15,000, to his nurse and attendant, Miss Ellen Penny, desiring she should not dispose of Manuden House and the effects therein. He left generous legacies to his domestics.

## THE HOSPITAL WORLD.

### THE COUNTY HOSPITAL, YORK.

In deciding upon a nursing school, the first thing to consider is whether the training given will fit the pupil for her professional work, both because it provides a sufficient variety of clinical material, and also because the theoretical instruction given is sound and thorough. Secondly, since the town in which the hospital is situated will be the home of the probationer for the next three years, this too is a matter of some importance.

that of a keen educationalist and capable Matron, whose nurses will be well grounded and carefully taught.

The minor consideration of the locality of the hospital also commends it to the attention of those who are considering the adoption of nursing as a profession. The City of York is one in which it is impossible to spend even a brief period without being impressed by its beauty, and it is not surprising that those who live there grow to love it, or that it leaves its impress upon their characters. Its glorious Minster, its history, its present activities, as well as the fact



THE COUNTY HOSPITAL, YORK. SOUTH FRONT SHOWING BALCONIES.

The County Hospital, York, therefore is one which, on all these counts, merits consideration. Just now it has not only civilian, but military patients, the beds being increased to nearly 200, and the nursing school is under the superintendence of Miss Kathleen S. Stewart, previously Assistant Matron at the Royal Hospital for Sick Children, Edinburgh, and trained at the Royal Infirmary, Sunderland. It is well known that, pending the requirement of any standard of efficiency by the State, the standard maintained is set by the Matron, and Miss Stewart's reputation in the nursing world is

that it is a great military centre, all combine to make life there most attractive.

The hospital itself, well set back from the road, is excellently placed, and the views from its windows stirring and interesting.

On entering the hospital, one is taken to the Matron's sitting-room, which is the centre of many activities.

Just now the military interest of the hospital is predominant. Patients, in the picturesque blue uniform of the convalescent soldier appear, to know if they may have leave for a few hours—a privilege readily given, and never abused.

Others come to report themselves in. Sisters come and go—one who has been in charge of a party who have been entertained at a *matinée*, and vastly enjoyed it. Visitors to the wounded request leave to see them, for a convoy has been received only a few days before, and local residents interested in the hospital also look in.

In the wards the patients seem happy and content, though some are obviously seriously ill. A number of them are out on the balconies, where they live by day and night, to their great advantage. All are well known to the Matron, who has a kindly word for each, and is obviously acquainted with the details of each case.

The balconies, which open out of the wards on the south side, are wide enough to take the full length of the beds, and still to allow the nurses plenty of room to pass in front of them, and the patients on these balconies seem very content with their surroundings. Behind them are warm and comfortable wards, into which, if necessary, they can be moved. A group of convalescent soldiers round a glowing fire, enjoying a quiet game, emphasised the social side of hospital life very pleasantly.

It is always a problem how to meet the requirements of the military authorities for accommodation for sick and wounded soldiers without seriously encroaching on the provision for civilians, but it is a problem with which hospital authorities have proved themselves quite competent to deal at York County Hospital. Until recently a large tent in the grounds afforded the solution to the greater part of the problem, and, in addition to this, the spacious board-room, which the Committee have given up for the purpose, has made a delightful ward.

I must not forget to mention that some of the furniture provided for the Matron's use must be a joy to anyone to live with. Stonegate Street, where the many antique shops of the city are concentrated, would find some of the chairs difficult to surpass. M. B.

## LEAGUE NEWS.

The second number of the *Queen's Hospital (Birmingham) Nurses' League Magazine* has

just been issued, beautifully printed on good paper, and covered in a lovely tone of blue—a courtesy to literature which all trained nurses engaged in journalism should render. As a book lover, we always resent the use of common materials in the making of books, and for this reason *THE BRITISH JOURNAL OF NURSING*, which is the official organ of the National Council of Trained Nurses, to which the *Queen's Hospital League* is affiliated, is the most expensively got-up nurses' journal issued at the cost of a penny in the world. The *Queen's Hospital*



MISS K. S. STEWART, MATRON, AND WOUNDED SOLDIERS.

*League Magazine* is also full of interesting matter. Its League report and balance-sheet prove success; it prints many letters of great interest from members on war work, and several well-written articles. Specially pleased are we with "A Reminiscence," contributed by a Nightingale nurse, signed "C. E.," which we have pleasure in reprinting in part for the benefit of National Council members:—

"Many years ago, when I was Sister of Victoria Ward, St. Thomas's Hospital (Children's Ward), I received an intimation from Matron that Miss Florence Nightingale wished to see me, appointing



the time for the interview. I set off rather in fear and trembling for Miss Nightingale's residence in South Street, Hyde Park. I was shown into a delightful room, with windows opening towards the Park, where on a couch in soft shawls and lace, surrounded by her books and flowers, I found myself face to face with the 'Lady of the Lamp,' our beloved *Chief*, as we always called her in those days.

"I was at my ease in a moment, for this gracious, loving soul entered at once into my life's work. It was wonderful what she knew about me, about my ward, speaking of some of the children even by name. She spoke of the work, of the special responsibilities of the nursing and management of sick children, asking many questions which showed her intimate knowledge of every detail, and I can never forget the wonderful impression this interview left on me and the revelation it gave me into the mind and character of this noble woman, called to do such a wonderful work for suffering humanity, the foundress of modern nursing. After a long talk came a most daintily set-out tea, and when I left she handed me a bouquet of choicest flowers, which I took back to my ward with pride, and treasured for many a day. The interview I can never forget, and the remembrance of it has shone out as a bright light in many a time of perplexity and stress in the years that followed.

"I have wondered lately, in these sad days we are passing through, what message Florence Nightingale would have given to the nurses of to-day, all over the battlefields and in our war hospitals at home. I know it would be one of encouragement and a call to steadfastness to duty, in the face of severe stress and with enormous difficulties to be overcome. I think, too, she would have looked with approval upon the splendid patriotism and the response to the nation's need shown by nurses.

"Let us all go on working loyally, let us sink all differences and jealousies, and trust those at the helm, and let each one strive to follow in the steps of that noble example of what a nurse can be and do."

### THE PASSING BELL.

We greatly regret to record the death under tragic circumstances of Mrs. Margaret Emma Turp, a nurse at the Eastern Hospital, Homerton. Mrs. Turp, a young widow, who had been on the staff of the Hospital for six years, and was much liked there, went out for her half-day on October 16th with another nurse, and parted from her later at Liverpool Street station, saying that she would be back by 8.30 p.m. She did not return that night, and next morning was discovered on the line near Barking in an unconscious condition, and died shortly after in the Poplar Hospital. There is no suspicion of suicide. She was in excellent spirits when last seen, and leaves two young children.

## NURSES' NEEDS IN WAR.

The valuable services rendered to the sick and wounded at this time by the great firms which manufacture and supply all kinds of medical and surgical requisites, invalid foods, and other comforts, are perhaps scarcely recognised by the general public at their true value. We are so accustomed to obtain, without difficulty, everything necessary that the vast amount of scientific skill, organisation and business capacity involved in placing these elaborate aids to recovery at the service of our hospitals at home and abroad scarcely crosses the minds of the majority of people.

Yet, just as the work of the doctor would lose much of its value without the assistance he receives from the trained nurse, so both doctor and nurse would be immensely handicapped if business firms were not ever on the alert to forestall and supply their needs, and the needs of those whom they serve, for, as the cleverest craftsman is unable to give full expression to his skill without suitable tools, so the greatest surgeon and the cleverest and most highly trained nurse depend upon the co-operation of manufacturers and the great houses which distribute their supplies for the effective practice of their beneficent work, and it is not too much to say that many lives depend upon the exactness, efficiency and promptness of these firms.

We are therefore only fulfilling our obligations to our readers in drawing their attention to some specialities which directly or indirectly assist in their work.

### MEDICAL AND SURGICAL SUPPLIES.

THE HOSPITALS AND GENERAL CONTRACTS CO., LTD.

No firm is better able to meet all the emergencies which arise in this time of special stress than the Hospitals and General Contracts Co., Ltd., 19-35, Mortimer Street, W., who are contractors to the War Office, the Admiralty, the British Red Cross Society, and the Allied Governments, and thus have an extensive knowledge of the special needs of military and naval hospitals. Since the commencement of hostilities they have adopted the policy of placing their knowledge at the disposal of the many organisations which then came into existence, and numbers of nurses have cause for gratitude that organisations, without the necessary technical knowledge, so frequently obtained their equipment from this firm, and thus benefited by their experience. Their help to Continental hospitals as well as those at home has resulted in a considerable saving of funds which it is important should be carefully conserved, while they have supplied thousands of air cushions, hot-water bottles, and other appliances which nurses find so essential in their work for their patients.

### Nurses' Equipment Section.

When, in February last, this enterprising firm formulated a nurses' equipment section, we

ventured the opinion that it would prove a success. Results go to show that we were not mistaken; indeed, the branch has increased beyond all expectation, and the experts in everything connected with nurses' apparel are found to work long hours to keep pace with the orders. This is, in itself, sufficient testimony to the firm, and nurses will do well to write for the latest catalogue. In connection with the War, many military hospitals are supplied; as also are the New Zealand contingent of Army Nurses, New Zealand War Hospital, American Women's War Relief Hospital, British Red Cross, St. John Ambulance, and War supply depôts.

#### MESSRS. E. & R. GARROULD, LTD.

Such an old-established firm as Messrs. E. & R. Garrould, Ltd., Edgware Road, W., were bound to play an important part in War nursing equipment, as witness the fact that they supply H.M. War Office, H.M. Colonial Office, India Office, St. John Ambulance Association, London County Council, British Red Cross Society, French Flag Nursing Corps, &c. The demand on their resources has been enormous, but an excellent organisation has coped successfully with it.

The many useful specialities, whether in uniform and its accessories, or appliances, have only to be seen to be appreciated; while those who are unable to pay a personal visit should write for the firm's catalogue.

#### Nurses' Uniforms.

The special department devoted to the display and supply of nurses' uniforms is very conveniently arranged, and is a most popular *rendezvous* with nurses, who are daily to be seen there, inspecting the great variety of models on view; or writing letters at the table thoughtfully provided for this purpose.

#### THE MEDICAL SUPPLY ASSOCIATION.

The Medical Supply Association, 167-173, Gray's Inn Road, W.C., provide all kinds of surgical instruments and dressings, hospital furniture and nurses' requisites, as well as medical publications and stationery, and are agents for "Brytstele," a new antiseptic solution for surgical instruments, which preserves the lustre of all steel instruments and keeps the edges of blades sharp.

Just now, as might be expected, the needs of our brave soldiers are receiving special attention.

An ideal khaki-coloured air cushion, which should appeal to all who have friends or relatives at the Front—though 18 inches square folds into a very small flat waterproof case, which can easily be carried in the pocket. It is sent anywhere, post free, for 6s. 6d., and would make a very popular Christmas gift.

The "Resilio" Arm Sling (price 3s. 6d.) has been specially designed for the comfort of the wounded. As its name implies, all shocks are broken by small springs fitted to the straps, thus ensuring the maximum comfort. Slings for the leg can also be obtained.

#### MESSRS. BURROUGHS, WELLCOME & CO.

The many aids to medicine and nursing supplied by Messrs. Burroughs, Wellcome & Co., Snow Hill, E.C., are every day demonstrated wherever doctors and nurses are at work—the exactness, as well as the daintiness of the preparations of this firm have gained for them the highest esteem. Drugs in tabloid form, and compressed dressings take up little space in equipment, and the Tabloid first aid cases are marvels of compactness. The latest is one designed specially for the use of aviators, the size of an ordinary cigarette case, and weighing only four ounces, while that prepared to meet the needs of nurses is specially useful. In these days when so many nurses are travelling, their tabloid tea is almost indispensable.

#### MESSRS. ALLEN & HANBURY, LTD.

Messrs. Allen & Hanburys, Lombard Street, London, E.C., are a firm having a first-class reputation, and they supply not only medical and surgical appliances and hospital equipment of all kinds, but also make a great speciality of Allenburys' Foods and malted rusks, for infants and young children; and of "Byno" Phosphates—a chemical food.

#### MESSRS. BOOTS, CHEMISTS.

Messrs. Boots, chemists, whose establishments in London and throughout the country are well-known to nurses, have brought out a handy little illustrated booklet, "On Active Service," containing just the information which is of use to nurses in regard to the many specialities they supply—amongst which may be mentioned water sterilizers, anti-fly cream, vermin powder, and other useful articles. We must not omit to mention "Toxol," an All-British antiseptic, which has recently found much favour.

#### MESSRS. J. & G. INGRAM, LTD.

The rubber specialities of Messrs. J. & G. Ingram, Ltd., of Hackney Wick, N.E., enjoy a well-deserved reputation amongst nurses. Their "Eclipse" hot water bottles and enema syringes are valuable assets in a nurse's equipment, and those whose work takes them not into military hospitals, but into maternity hospitals and kindred institutions organized for the benefit of refugees, should remember the "Agrippa" band test and valve—the test cannot slip off the neck of a bottle, and is claimed to be the only perfect test extant.

#### LYSOL, LTD.

The value of the Lysol supplied by Lysol, Ltd., Warton Road, Stratford, E., is testified to by the fact that they have not only supplied large quantities to Red Cross Hospitals at home, but have received large orders from the Russian Red Cross Society, the French Red Cross Society, and the various medical missions for Serbia.

Both Lysol and Lysol Toilet Soap are very popular with nurses, who will learn with interest

that the firm have now taken over a large factory at Stratford, for the manufacture of these preparations, and are able to deal very promptly with all orders of whatever size.

A. DE ST. DALMAS & CO.

The leg bandages supplied by this firm have been known to and appreciated by nurses for many years, who realize that they are capable of much more accurate adjustment to the needs of the patient than the ordinary elastic stocking.

SANITAS CO., LTD., LIMEHOUSE, E.

Whilst the spending power of the public at large has been reduced by war circumstances, the trade of the Sanitas Co. with the specialist public has been distinctly stimulated, for instance the Army Medical Authorities, the Red Cross, St. John Ambulance, and many public and private Hospitals all over the country are amongst regular buyers of the well-known "Sanitas Fluid," especially because of its value both as a simple, safe and effective wash for wounds, sores of every kind, as well as being a most generally accepted and appreciated mouth wash. To hospitals, and military establishments generally Messrs. Sanitas are glad to be able to report having supplied large quantities of their high co-efficient coal-tar disinfectant fluids, soaps, floor polishes, powders, disinfecting appliances such as Fumigating Lamps and Sulphur Candles.

LISTERINE.

Listerine, a preparation of the Lambert Pharmaceutical Co., 2101, Locust Street, St. Louis, U.S.A., has many uses as an antiseptic wash, and also as a gargle, and nurses depend upon it for one of the necessities of their professional work, namely, for keeping the mouth of a patient parched with fever, or other illness, moist and in good condition.

#### DOMESTIC AIDS.

ARCHIBALD H. HAMILTON & CO.

The selection of a floor polish is always of importance, and the "Shell" Brand Floor Polish prepared by Archibald H. Hamilton & Co., Possilpark, Glasgow, is deservedly a favourite one with nurses. It is a high tribute to it that while it was on the market for many years before any other polish, it still maintains its popularity to-day in competition with the many now in use.

GOSPO, LTD., 33, WATERLOO ROAD, S.E.

We have personally tested "Gospo," and find that it truly complies with its claim to be an "ideal cleanser." Since the War, owing to the public realising the vital importance of purchasing home manufactured goods at the present time, the proprietors are experiencing a largely increased demand for "Gospo."

"Gospo" is much used in hospitals, on account of its efficiency and economy. The Secretary of a Military Hospital, near Rouen (which is under a benevolent society), recently wrote: "Your

cleanser has become so popular, that the Nurses are continually asking, 'May we not have some more "Gospo?"'"

In increasing numbers the institutions using "Gospo" are constantly testifying its excellent qualities.

#### FOODS AND TONICS.

HORLICK'S MALTED MILK CO., LTD., SLOUGH.

Horlick's Malted Milk is one of the most valuable foods it has been our pleasure to use. It contains all the valuable nutrition of pure full-cream milk, enriched and modified with the nutritive extract of best malted grains, reduced by special methods and apparatus to a concentrated powder form. In this form it needs only the addition of hot or cold water to provide a nutritious and pleasant drink immediately; whilst in tablet form it is always available when needed, and not only nurses, but men at the Front, have found these tablets most beneficial and convenient.

Enormous and increasing quantities of Horlick's Malted Milk are being sent to the various fronts—a significant and convincing fact, which needs no enlarging upon by us, but stamps the food with the hall-mark of excellence.

VIROL, LTD.

Virol, supplied by Virol, Ltd., Old Street, E.C., is a food of great value in cases of nervous exhaustion and neurasthenia, and as such is specially deserving of notice at the present time, by nurses on war service, while those who have the supervision of expectant and nursing mothers, whose nervous symptoms have suffered from the tragedy of war should remember that it has proved invaluable in these cases.

VITAFAER.

Vitafer, a tonic food, "British throughout," supplied by Messrs. Southall Bros. and Barclay Ltd. Birmingham, though a comparatively recent preparation, has come rapidly to the front owing to its proved efficiency in all forms of physical and nerve weakness. Nurses are learning to rely upon it as a standby in these and other cases of debility.

BENGER'S FOOD, LTD.

Benger's Food, Ltd., Otter Works, Manchester, has a world-wide reputation, built up on a proved usefulness of 30 years' standing in the dietary of invalids. As a light meal, shortly before bedtime for patients it is very popular with nurses, as it is easily digested and seems to have a soothing effect in helping them to compose themselves for sleep.

NEAVE'S FOOD.

The valuable preparations of Josiah R. Neave & Co., Fordingbridge, are well known to nurses. Neave's Milk Food, which is starchless, is suitable for babies from birth when their natural food is not available, while Neave's Food is suited to older children, infants, and the aged. Neave's

Health Diet for Invalids is a preparation of milk food and cereal food pleasantly flavoured, and is a very acceptable article of dietary with those unable to take solid food, and is appreciated by dyspeptics when every other food fails.

#### BOVRIL, LTD.

The value of Bovril (Bovril, Ltd., Old Street, E.C.) is well known to nurses. For exhausted patients when brought in from the trenches, for their own consumption after a hard day's work and for troops passing through stations it is most invaluable, and widely used.

#### OXO, LTD.

The value of Oxo (Oxo, Ltd., Thames House, E.C.) in weakness and emergency has long been recognised by our readers. During the War its usefulness has been proved over and over again under very trying conditions. It is used to a considerable extent in the hospitals in France, as well as in the United Kingdom. Its superiority over beef-tea is amply demonstrated in the time and labour saved, as well as in the uniformity of the beverage itself.

#### RED, WHITE AND BLUE COFFEE.

The coffee supplied by Red, White and Blue, Eastcheap, E.C., should commend itself in war time to nurses, with whom coffee is a favourite beverage, for it is not only excellent in quality but economical in use.

#### KEEN, ROBINSON & CO., LTD.

A cup of gruel is very much appreciated by many invalids and convalescents. Robinson's "Patent" Groats can always be relied upon for preparing gruel of excellent and nutritious quality.

#### WINCARNIS.

As a tonic and restorative, under medical direction, Wincarnis (supplied by Wincarnis, Ltd., Norwich), is a useful stimulant, and as such is prescribed during convalescence.

#### LACTOPEPTINE.

One of the difficulties with which nurses have to contend during convalescence is the difficulty some patients have in digesting food, and it is well understood by them that it is no use their coaxing patients to take their food unless it is subsequently digested. With medical permission Lactopeptine can often here render great service as a palatable digestive of great value in many cases of impaired nutrition, and nurses should note the address of Messrs. John Morgan Richards & Sons, Ltd., 46, Holborn Viaduct, E.C., the firm which supplies it.

#### PURE MILK.

##### MESSRS. WELFORD & SONS.

One of the first essentials in the dietary of the sick is a pure milk supply, and Messrs. Welford & Sons Dairy Company, Ltd., whose chief offices are at Elgin Avenue, Maida Vale, W., have the

largest dairy in London, and are prepared to supply perfectly fresh milk produced on their own farms.

#### HEATING.

##### THE BRITISH COMMERCIAL GAS CO., LTD.

One of the principal difficulties in converting an ordinary house into a hospital for the sick and wounded is the inadequacy of the heating supply for various purposes, and none suffer more acutely than the nurses in this respect. The means for boiling kettles, for heating and preparing small dishes for the patients, for sterilising instruments should be at hand on every floor. For this coal fires are not only inconvenient, but entail a considerable amount of domestic labour, at a time when all labour is at a premium. Nurses, therefore, have every reason to be grateful to the gas companies, which at small expense will fix gas stoves (which can be rented by the quarter). Gas rings and gas fires can also be installed in small wards at trifling expense, and gas cookers and water heaters fixed wherever necessary by the British Commercial Gas Co., 47, Victoria Street, S.W.

#### LITERATURE.

##### MESSRS. G. P. PUTNAM'S SONS.

Nurses in these days, which make so many demands upon them are feeling the need of every bit of knowledge—practical or theoretical—which they possess or can acquire, and many of the books published by G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C., who specialise in nursing literature, will be of the greatest assistance to them. A very excellent little catalogue of these books is published by the firm, which includes such standard works as Miss Maxwell and Miss Pope's "Practical Nursing" and the "Medical Dictionary for Nurses" by the latter; Miss L. L. Dock's "Materia Medica" and "Hygiene and Morality"; "A History of Nursing," by Miss L. L. Dock and Miss M. A. Nutting; "Field Hospital and Flying Column," by Miss Violetta Thurstan, a journal of her experiences in Belgium and Holland during the present War; and many other interesting books.

##### MESSRS. C. GRIFFIN & CO., LTD.

"A Manual of Nursing," by Lawrence Humphry, M.A., M.D., M.R.C.S., is one which thousands of nurses regard as their guide, philosopher and friend on the subject of medical and surgical nursing. It may be obtained from Messrs. C. Griffin & Co., Ltd., Exeter Street, Strand.

#### ADDITIONAL QUALIFICATIONS.

Many nurses at the present time are realizing the advantage of such additional qualifications as those in massage and dispensing.

##### MASSAGE.

The former has proved of the very greatest benefit and comfort to the wounded and a knowledge of this branch of work is a great



advantage to nurses. A most successful instructor is Mrs. Wilson, of the Swedish School of Massage and Remedial Exercises, 16, York Place, Baker Street, W., whose students are prepared for the Examinations of the Incorporated Society of Trained Masseuses. All students work in hospital under Mrs. Wilson's direction.

Another School of high standing is the Central School of Swedish Remedial Exercises and Massage, 194, Marylebone Road, N.W., of which the principal is Mrs. Hoghton Stewart, who prepares for all the examinations of the Incorporated Society of Trained Masseuses.

#### DISPENSING.

The Westminster College for Lady Dispensers (the Ladies' Department (Apothecaries Hall) of the Westminster College of Chemistry and Pharmacy) has for nearly twenty years been engaged in training Nurse Students in dispensing, and therefore has great experience as to their requirements. Application for terms should be made to Mr. J. E. Walden, Secretary, 112, St. George's Road, Southwark, S.E.

#### A COMFORTABLE CLUB FOR WAR NURSES.

##### THE KENSINGTON GARDENS NURSES' CLUB.

One of the great needs of nurses on War Duty is a conveniently situated home, where they can stay when awaiting calls, when at home from abroad, between engagements, and to which they can go for their brief time off duty. Miss B. M. Cave, the Principal of the Kensington Gardens Nurses' Club, 56 and 57, Kensington Gardens Square, W., herself a trained nurse, has, since war was declared, made War Nurses who await "final calls," or who are on furlough, her special care, and while with her those in need of rest can if they desire have breakfast in their own rooms without extra charge. A reduction is also made on their weekly bills.

That this kindness is appreciated is shown by the fact that War Nurses who have once stayed at this Club make a point of "turning up" whenever the occasion arises, sometimes even using it for wedding purposes. A quiet military wedding took place from there only last week.

There are times when both houses are full to overflowing, and beds have had to be taken outside, but usually there are some vacancies, and those who secure them can depend upon receiving both kindness and comfort during their stay. Bed, breakfast and bath can be obtained for 2s. 6d.

#### MISCELLANEOUS.

##### THE LIBERTY BODICE.

The "Liberty Bodice" supplied by the "Liberty Bodice" Factory (Dept. 3 D), Market Harborough, is greatly appreciated by nurses on war service, as it gives excellent support and, at the same time, yields with every movement.

May we suggest to nurses at home and abroad that they file this article for future reference?

#### NURSES' ASSOCIATION OF CHINA.

The 1915 Conference of the Nurses' Association of China was held at the national capital, Peking. Over fifty delegates attended, coming from ten Provinces and representing well nigh every denomination and nationality engaged in hospital work in the Republic. With such representation the Conference could not but be most helpful, full of inspiration and encouragement to all who attended its sessions.

At 2.30 p.m., on Wednesday, at the Union Medical College, the Conference opened with Miss Hope-Bell (President) in the chair. Dr. Cormack (Principal of the College) conducted the Devotional Service, giving a deeply spiritual address, the keynote of which was: "Be steady; keep cool; pray." "These are three vital necessities in the life of a Christian nurse. Where there is work, there is friction. Cooling chambers are needed for all fine machinery and implements, lest by long continued friction their temper and usefulness be impaired. Even so do our bodies, hearts and minds need the cooling chambers of a steady, unfaltering trust in a Higher Power, of a ceaseless communion with Him, and a confidence in our own powers, the outcome of the first two. The quiet command, the quiet reprimand, the quiet governing in our hospitals are what brings the best results; the greatest hindrances to our work are our own hasty words and actions when duties press. Your standard of spirituality determines that of your hospital and training school."

A reception followed, to which all delegates, physicians and friends were invited. Sir John Jordan, British Minister; Surgeon-General Ch'nan (of Tientsin), Mr. Roger Greene (representative of the Rockefeller Foundation), and Dr. Wu Lien-Teh were guests of honour. A letter was read from the American Minister, expressing his regret at being unable to attend. Miss Powell (of the Methodist Hospital, Peking) gave an address of welcome to the members of the Association, saying that, in hearing of the decision to meet in the capital, she felt that Peking nurses would gain far more than they would give, in the inspiration and fellowship of such a meeting. Miss Powell then generously put the time of herself and her assistants at the disposal of the stranger nurses for entertainment, sight-seeing, or along any line in which they could be helpful. Dr. Wu then followed, speaking most appreciatively of the progress along medical lines in China during recent years, the reward of much faith and patience on the part of the pioneer workers. He urged the importance of getting in readiness fully-trained Chinese nurses who would be competent to staff the new hospitals now going up in all parts of China—laying great stress on the need for real nurses, not "half nurse, half doctor." Dr. Ch'nan spoke a few words of welcome and Mr. Greene then gave a rapid sketch of the purpose of the Rockefeller Foundation movement, especially in regard to China, revealing at the same time his own keen personal interest and appreciation of the part which trained nurses, foreign and native,

are to play in the establishment, staffing and adequate carrying on of hospital aid for China's needy millions.

The President of the Association then thanked those guests on behalf of the Association, for the honour of their presence and for their inspiring words. Refreshments and a pleasant social hour were included in the programme of the afternoon.

Thursday morning was given to the hearing of three papers. The first was on "Social Life, Recreation and Care of Nurses in Training." Miss Powell the writer, is one of the "veteran" nurses in Peking, to quote her own words, though by no means ancient in years. Out of her rich experience, she gave many helpful hints on the keeping of our young nurses happy and healthy. The proper care of their bodies as to cleanliness, hygienic clothing, regular and liberal feeding, well-fitting shoes, sleep, special care on night duty, and many other phases were touched upon.

Throughout the Conference, after the reading of each paper or giving of an address, an open discussion was held, this often being quite—if not fully—as helpful as the address itself. All were urged to take part in the giving and asking of information; in this manner, the solving of many problems came to light.

The second paper dealt with the "Discipline for Women Nurses," by Miss Baldwin (of Foochow). The status of our work to-day over that of fourteen years ago was vividly portrayed. Miss Baldwin urges that, with the new nurses, during their first six months, the crucial and important period in their training, the superintendents give themselves utterly to working personally side by side with them. Their standard of work during these first six months will determine it for life. Let your first lecture to them be on the requirements for a good nurse, and then live it and teach it day by day, from a moral, physical and spiritual standpoint. From your second and third year nurses, you yourself may learn much; but your first year nurses should learn your way of doing things first. Beware of understaffing your hospital, lest you be forced to lower the grade of your work since the press of the sick about us is so great that it is difficult to control the number of in-patients."

Miss Tomlinson (of Anking) presented a paper on the "Discipline of Men Nurses." "In my estimation," she says, "sex matters little in the matter of discipline. Be the nurse man or woman, what you demand and cease not to insist on, that you will get. But the more obvious the velvet glove, so long as there is absolutely no doubt as to what it contains, the better for everyone. The people the men nurses respect, like all the rest of us, are those who make them toe the mark. After all, I do feel at times that I can recognise here and there among my pupils a glimmer of understanding of the fact that the stricter the hospital discipline and the greater the demands made upon its pupils, the more credit ultimately belongs to the pupil holding the diploma of the school."

(To be continued.)

## OUR FOREIGN LETTER.

### LETTER XI.—SOCIAL SERVICE (POLICE-WOMEN) IN PUEBLO DE LA REINA DE LOS ANGELES (TOWN OF THE QUEEN OF THE ANGELS).

DEAR MADAM,—This beautiful city on the Californian coast, which lies about 300 miles south of San Francisco, is busy, up-to-date and growing at a phenomenal rate. It is too busy even to give the necessary time to calling itself by its original old Spanish name. All has been cut away except the last two words, by which it is now known to the world. No doubt it is a necessity of modern life; however, one cannot but feel a lingering regret, because the full title recalls the romance of its past history. In order to enjoy thoroughly a visit to California, and the journey thither, over the beautiful Santa Fé trail, it goes without saying that one must know something of its romantic history. Those who have not read about the Spanish conquest of California will wonder at all the Spanish names that point to that fact. Nothing but the names now remains to remind us of that era, except the presence of a few dark-skinned people (Mexicans), whose blood is mixed with that of their early conquerors.

Like the beautiful town of Riverside, Los Angeles has semi-tropical vegetation, and abounds in groves of oranges and lemons and other beautiful trees and flowers, but unlike that lovely garden city, "it has not preserved much of the original atmosphere of the old Spanish town." The picturesque element has had to give place to the commercial requirements of a prosperous modern city. It has, however, retained something of the odour of sanctity, because just beyond its boundaries, but connected by a good street-car service, lies Pasadena, where the Mission of San Gabriel stands, a monument of the past in good preservation; one of the twenty-one famous old Spanish missions.

The Social Service of Los Angeles is in keeping with the rest of its progressive work, and it was my privilege to see something of it. Among the ladies who met and welcomed us upon our arrival was one of the policewomen, and she kindly gave me facilities for visiting the city jail. She was unable to accompany me herself as she was about to leave for her holiday. I was very anxious to learn something of the penal system—in respect of women and children—in a State which has the proud distinction of being the first to add women to its Police Department, and Los Angeles is notable as being the first city to adopt this necessary reform. There are nine policewomen now employed in the city, and the Chief of Police recommends that the Force shall be increased by five more. Mrs. Alice Stebbens Wells has not only been longest in the force, but was the first policewoman in the United States, and has done invaluable work. In twenty-four cities in North America they are employed, including three in Canada, namely, Vancouver, Toronto, and Ottawa;

The prison system of Los Angeles would compare favourably with that of other countries, and might well serve as a model in some respects. I rejoiced to find that solitary confinement—that cruel punishment—is not the custom here. The prisoners sleep in cubicles, and associate with one another during the day. The ventilation everywhere was excellent—an example England might well copy.

The "Juvenile Bureau" was the Department which interested me most. It deals with young people under the age of twenty-one, "particu-

larly with children under the age of eighteen years."

It is significant that they are regarded as *children* at that age. Five out of the nine policewomen are appointed to work in this department, and in the words of the Chief of Police "their work has been a great success." In the most recent annual report which is before me, I read: "The investigation of many juvenile cases leads to embarrassing situations when young girls have to be questioned. It is a rule of the Department that no young girl can be questioned by male officers concerning sexual wrongs. Such work is delegated solely to women officers, who, by their womanly sympathy and intuition, are enabled to gain the confidence of their younger sisters. . . .

Policewomen also do valuable work in preventing delinquency among young girls, by inspecting dance halls, cafés, picture shows, and other public amusement places—particularly in the late afternoon and night hours; by escorting those, who, by their conduct or that of others, are in danger of becoming delinquent, to their homes, and making reports to their parents, with a proper warning." N.B.—The italics are mine. Among the many interesting facts that I learned about the Police Department (Juvenile Bureau), I was particularly impressed by the fact that no juvenile under twenty-one is kept in prison for more than one night—and that, in the case of girls, is frequently as a means of protection from

moral danger; the girl can apply for admission as to a place of refuge, without attaching to herself the stigma of imprisonment. No juvenile under eighteen is allowed to undergo the punishment of imprisonment at all; they are sent to Detention Homes.

Women magistrates try the cases of women and children! Policewomen have been established in Los Angeles five years; the Californian women have had the parliamentary suffrage four years. We may confidently assume therefore that some at least of these excellent reforms have been due

to the pressure of their vote. There is a well-equipped emergency hospital in the jail; the nurses—male and female—are required to pass the Civil Service examination to qualify for which they must prove that they have had "five years' experience in a hospital." Last, but not least, there is the "*City Mother*." This is a new and separate Bureau of the Police Department, known by that attractive term. The Bureau is kept in other quarters than the police station houses, and "it will be the duty of the policewomen detailed to command this Bureau to receive in confidence the statements of parents concerning their children and to assist them in every way possible consistent with police duties." The head of the juvenile department is Mr. Leo Marden, to whom we (Miss Hulme was with me) had the pleasure of an introduction. He is held in the greatest respect and affection by the policewomen, merited by his kindly and sympathetic

nature. His devotion to children and their devotion to him is apparent. It was due to Mr. Marden that a clinic for the curative treatment of the cigarette habit—the only one in the United States—has been opened in Los Angeles. A large number of young men and boys put themselves under the treatment, which has had splendid results. Their grateful thanks are due to Dr. Trenwith, the discoverer.

BEATRICE KENT.



MRS. ALICE STEBBENS WELLS,  
FIRST POLICEWOMAN APPOINTED IN THE UNITED  
STATES OF AMERICA.



## BOOK OF THE WEEK.

"THE DIARY OF A FRENCH ARMY  
CHAPLAIN."

This record is a translation by Harriet M. Capes of "La Guerre vue d'une Ambulance," and the events recorded are of the American Hospital, Neuilly, Paris.

The frontispiece is a portrait of the priest-author. The keen kindly face with a hint of humour is crowned with a biretta, while the left arm proudly displays the Red Cross. We say proudly, advisedly, for the subsequent pages reveal the sense of high privilege with which the Abbé undertook the spiritual charge of this Hospital. He is delighted when the offer comes for he was fretting, as many others, at the inactivity.

It was some days after its equipment before the Hospital received its first patients, and the Abbé appears to have taken his share in the strenuous preparations.

"Eleven o'clock. We are still waiting, our bodies heavy with fatigue; we have been working so hard at preparations these last days; but our minds are awake, and if our eyes can't keep from half closing, hearts are wide open."

Later when he goes out with the ambulance, "At last we make out a piteous group; we stoop over the bloodstained grass, minister to soul and body, distribute drink nourishment, dressings; revive strength and hope. Very gently the poor wounded are wrapped up, lifted, laid on the mattresses of the ambulance, and here they are off for the home of science and kindness. There is a science that kills and a science that cures, as there are good and evil, and God and devils...."

Of one poor fellow he says, "I saw his face, nearly black, his eyes shining with fever, and his smile, yes, his smile so beautiful, so full of resignation and sweetness that it brought to one's mind the Christian martyrs looking up to Heaven amidst their tortures. He had been wounded in the head, the leg and the arm."

"Are you in great pain?" I asked, as I took the hand I should like to have kissed.

"No," he answered. "A little tired by the car."

In recording the honourable behaviour of German medical officers, he remarks, "In this letting loose of horror and hatred, we must dwell on the few features capable of softening hearts."

"September 25th.—It's really beautiful, a ward for the wounded with its snow-white beds, its glass tables, its great bays full of light, its spotless floors and walls, with its nurses both eager and calm, always smiling yet so serious, watching over everything, flying noiselessly from place to place. Yesterday I begged for the privilege—not, need I say, for vain curiosity—to have the sad privilege of being present at wound dressing, with the idea of entering more thoroughly

into the minds of my poor friends, and by better knowing their troubles, the better to sympathise with them." After describing it in detail, "Awful War! Awful War!"

"I was talking with a doctor this evening and saying I had never seen anything worse. 'That's because you have never been on the battle field,' he answered. 'You have never seen the dead, the dying, the wounded begging for something to drink.' Reflecting on this he exclaims, 'Those no one sees, no one hears, who know not if anyone will come, who feel themselves dying quite alone, or among the dead!'"

"November 1st.—Many received Communion in Chapel. Many received it after Mass in their Wards, and it was good of Christ to go to find our wounded on their beds of suffering. Almost everywhere He had picked out the most tried, and in one ward where each one was in danger He tarried with all, and, after His Divine passing, the door of that sad limbo was left ajar upon Paradise."

Many are the pathetic and moving pictures the Abbé gives of his ministrations to the dying.

He has a great appreciation of the English courage and spirit. "Who is this young officer laughing as he walks about, a borrowed képi unblushingly stuck over one ear? An English lieutenant! Who are those soldiers who are jumping along on their crutches, or running on their wooden leg in the corridor? English again! And those who are singing with much gesticulation, laughing aloud and trying to make others laugh? Always English, unless they chance to be Tunisians or negroes. Assuredly not Frenchmen. La Bruyère said mournfully that one must laugh before being happy, on pain of dying without having laughed."

This is a beautiful and sympathetic record, and makes one long to have a personal acquaintance with this good priest. A word of praise must be given to the translation, which, though in excellent English, retains the expressive characteristics of the French language. H. H.

## COMING EVENTS.

October 28th.—Central Midwives Board. Penal Cases. Board Room, Caxton House, Westminster, S.W. 11 a.m.

October 28th.—British Red Cross and Order of St. John. Countess Grosvenor "At-home," 35, Park Lane, W. Small sale of pictures, flowers, comforts for wounded soldiers, &c. Admission 1s. 11 to 6.

November 4th.—"The American Child at School," by Miss Clara E. Grant. Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. 6 p.m.

November 6th.—Nurses' Missionary League. Sale of Work, Sloane Gardens House, 52, Lower Sloane Street, London, S.W. 10 a.m.—6 p.m.

November 6th.—Church League for Women's Suffrage. Intercession Service. St. Martin's-in-the-Fields. Preacher, the Lord Bishop of London. 3 p.m.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting 'communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## THE MURDER OF MISS CAVELL.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—The suggestion made by Mr. Macleod Yearsley as to whether every English-woman should not refuse ever to nurse another German officer, but leave them to be looked after by orderlies—seeing that Miss Cavell, who had been nursing German officers, suffered the death penalty at the hands of their colleagues—is one which many nurses will instinctively sympathize with.

But, at the same time, I cannot think it is a course which we ought to adopt. It is contrary to the whole spirit of the Red Cross, which enjoins all nurses to care for the wounded of the belligerents as carefully as for their own. We shall go far astray if we deviate from the fundamental law of our profession, which is to be influenced by nothing but the need of the patient of our services. Directly these are made conditional on worthiness, instead of need, our ethical outlook becomes hopelessly wrong.

Let retribution be meted out to those responsible for the death of Miss Cavell, and let it be sharp and stern. But it should be administered by the Government or the military authorities, not vicariously by trained nurses upon the sick and wounded.

Yours faithfully,

EMILY J. MORTON.

## SEX NO SHIELD.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

MADAM,—I think that certain writers on the subject of the execution of Miss Cavell are lowering womanhood's standards of independence, dignity and courage; especially is this true of those ideals as they are materialised in the nursing profession.

To assist in restoring effectives to the fighting line is an act so glorious for us and so damaging to the enemy that death is no more than an adequate reward.

A woman big enough to dare as did Miss Cavell could neither be ignorant of this probable result nor unwilling to meet it; surely, then, she would deprecate the much-published inference that her sex should have been her shield.

The officer who shot her did, in my opinion, a merciful act. Imagine the alternative! to be restored to consciousness only to re-prepare for so dreaded a fate.

Yours truly,

HELEN A. HAMILTON.

## THE FALSIFICATION OF CERTIFICATES.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—In reading the accounts of the proceedings of the Central Midwives' Board in THE BRITISH JOURNAL OF NURSING, I am surprised—and I must say shocked—to see how often the falsification of birth and other certificates by examination candidates is reported to the Board. Where this falsification is deliberate, with intent to deceive, surely the mere postponement of the acceptance of the candidate for six months is a quite inadequate penalty. The Board requires—and it is most essential—that candidates for its examination must be "trustworthy, sober, and of good moral character." If a woman is capable of a deliberate fraud in August, it would be a bold person who, knowing the facts, would certify her as "trustworthy" in February. Character does not change so quickly.

I have the honour of certified midwives keenly at heart, and I should like to see the portals to the profession of midwifery guarded much more closely when admission is sought to it by persons proved to be so unprincipled and fraudulent.

I am, dear Madam,

Yours faithfully

CERTIFIED MIDWIFE.

## OUR PRIZE COMPETITIONS.

*November 6th.*—State what you know about the physiology of the open-air treatment.

*November 13th.*—What are the symptoms of mental failure, and what is the nursing treatment?

*November 20th.*—How may nurses and midwives help to diminish the mortality amongst infants, and children under five years of age?

*November 27th.*—What devices can a nurse employ in caring for a patient suffering from sleeplessness?

## FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed by arrangement with the Hon. Secretary, 60, Neven Square, Earl's Court, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, October 29th, and Monday, November 1st, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' general training. Experience in fever nursing is an additional advantage.

## NOTICE.

The Editor's correspondence has now reached such dimensions that she is obliged to ask all correspondents to enclose a stamp for an answer when one is asked for, otherwise it is impossible for her to reply.

## OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

## The Midwife.

### AN INTERESTING GROUP.

It is a curious fact that though this country sends out many medical women to India and elsewhere to work in maternity hospitals, in the United Kingdom committees of such hospitals are very slow to appoint medical women to resident appointments.

The committee of the General Lying-in Hospital, York Road, Lambeth—one of the most famous

are sure many of those trained at York Road will be glad to possess, Sister Olive appears with her cap put on in the fashion that she is never tired of advocating, well over the hair, so that not a strand is visible.

### THE NOTTINGHAM MIDWIVES ASSOCIATION.

The monthly meeting of the Nottingham Midwives' Association was held on October 20th.



SISTER  
MEADOWS.

MISS E.  
WATKINS.  
Matron.

MISS  
ADAM.  
House Physician.

SISTER  
OLIVE.

STAFF AT YORK ROAD HOSPITAL, LAMBETH.

schools of midwifery in the kingdom, has now set an excellent example in this respect, and our illustration shows Miss Adam, House Physician, with the Matron, Sisters and pupils.

The pupils of the School are fortunate in having as a teacher Miss M. O. Haydon (Sister Olive), whose lectures are both lucid and interesting, illustrated, as she proceeds, with diagrams on the blackboard and punctuated with questions addressed to the class generally, so that no one need feel alarmed at answering, for she is only one voice in a chorus. In our illustration, which we

Miss Dunne, the Inspector of Midwives, the honorary secretary, was unavoidably absent. About 70 midwives were present. After a social hour, when tea was served, Miss Haydon, the Head Midwife of York Road Hospital, Lambeth, London, gave a lecture on "The Midwife in Emergency," outlining the best treatment in cases for which medical help is summoned, but in which the doctor is delayed or unable to come, and the condition of the patient or baby imposes the duty on the midwife of doing "her best." Post-partum and ante-partum hæmorrhage, eclampsia, abnormal presentations, difficult breech labours

were dealt with in turn. The audience were highly interested and at the close of the lecture some questions were asked. The chairwoman made a charming little speech, and presented Miss Haydon with a beautiful bouquet of red roses, in appreciation of her kindness in coming from London to give the lecture.

### SAVING THE FUTURE.

A crowded audience gathered for the public meeting on the need for Saving the Future (a National Campaign to promote the Welfare of Motherhood and Infancy), in the Guildhall, on Tuesday, October 26th. Owing to the indisposition of the Right Hon. the Lord Mayor, the chair was occupied by Sir Thomas Vesey Strong. Messages of sympathy and good wishes were read from H.M. the Queen, H. M. Queen Alexandra, the Archbishops of Canterbury and York, and others.

The Chairman read the Lord Mayor's opening remarks.

He said that the nation was so absorbed in saving the present and putting forth every ounce of energy to win the stupendous struggle in which it was engaged, that as yet we had not given adequate time and thought to the urgent need of saving the future, or, in other words, of providing for the new generation which will take the place of those who to-day are falling in battle. He said, "We look to the women at home to play their part, to do their 'bit,' by lessening and preventing all unnecessary loss of life in infancy, just as unselfishly as our men are playing their part in the trenches at the Front."

The Rt. Hon. Walter Long, M.P., President of the Local Government Board, said, with reference to the National crisis, that it was the part of all to be less critics and more workers and builders. The movement which this meeting stood for did not propose to teach women to be accomplished nurses, but to teach, in the simplest way, simplest methods and simplest knowledge. With regard to poverty, statistics proved that it was the least operative of all causes in infant mortality, but it was largely due to dirt, ignorance and disease. Now, as never before, were opportunities for the social worker. He would say that the wives and children of men at the Front had a very liberal allowance. Were we sure that it was wisely and well spent. Many causes, including, perhaps, the lack of moral resistance, combined to prevent their seizing the advantages of increased revenues. He was approached by women from all over the country, wishing to take part in some "War Work." Well, there was not enough to go round, but there was a great deal of other work to be done, perhaps not quite so attractive, but quite as important. In the end he believed they would find it was real War work. He spoke of the need of co-ordination and the cessation of individualism. Everyone should be willing to give their services to the best of their ability, and should ask only for the direction in which they should be spent. He asked his hearers to believe that there was not

an unlimited supply of red tape ready to bind limbs, and said that no officialdom should be allowed to stand in the way of the public good. In the cause for which he was speaking, there was a splendid field for almost limitless good. By unselfish devotion, children could be saved to succeed those who had proved themselves so worthy of the great traditions of our race.

Sir James Crichton Browne said that it was disconcerting to find the supply of infants falling off. He said we must secure financial assistance for poor and necessitous women, when required, during the later months of pregnancy. It could be done by giving them, in addition to the insurance benefit of 30s., 5s. a week from the seventh month of pregnancy.

The Duchess of Marlborough began by giving some statistics of infant mortality and showed how in the fifteen years of the existence of mothers' schools the mortality had decreased in the neighbourhoods where they were found.

She considered that there should be a far larger number of health visitors, and women sanitary inspectors, instead of a reduction as had been suggested, and which she considered would be a very false economy.

Her Grace then alluded to illegitimate infants and showed how statistics proved the far higher percentage of deaths in this class as against legitimate births. She described the hostel that exists for unmarried mothers, where they may have their infants with them and go out to daily work till the children are weaned. The love for her child was the instinct of maternity, and should help the woman instead of hindering her. She suggested that workers should take up a course of training before embarking on work for infant welfare.

The Right Hon. Herbert Samuel, M.P., Postmaster General, said, "It is the mass that tells; numbers are of fundamental importance." In ten years the population had increased by 3½ millions; in Germany during the same period by 8½ millions.

The clinics were far too few; they should be as much a part of the national organisation as the elementary schools. There were too few persons to undertake this. There were many persons more or less efficient that did not know how to set to work.

The strength and foundation of a nation was built on nothing else but numbers and quality.

Sir Thomas Barlow said that enlightened humanity was coming to see the wisdom of keeping mother and child together. In so doing, not only was the child saved but the woman also.

Mr. Benjamin Broadbent, in a very few words, summed up. "Do something, say very little about it, but do it."

### A WORD FOR THE WEEK.

No matter how long the war lasts, it will be fought out until we have conquered the right to leave a heritage of peace to our children.—

*General Joffre.*

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

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SATURDAY, NOVEMBER 6, 1915.

Vol. LV.

## "I AM THE RESURRECTION AND THE LIFE."

A morning of clear shining after rain—Nature in harmony with the purpose which inspired British people from far and near on Friday, October 29th, to share, if they might, in the service arranged to commemorate Edith Cavell—the trained nurse who had fearlessly done her duty, as she understood it, faithful unto death—and if not, then to honour her memory by assembling in thousands outside the Metropolitan Cathedral; on which, raised aloft and pointing skyward, touched with sunlight, gleamed the great golden cross, while within the congregation made their thanksgiving for her life, and prayed in the matchless Liturgy of the saintly St. Chrysostom, the heritage of the faithful through the ages, from the days of the undivided Church, "Give rest, O Christ, to Thy servant with the saints, where sorrow and pain are no more, neither sighing, but life everlasting."

Long before the doors of the Cathedral were opened, St. Paul's Churchyard was filled with an orderly crowd, and on the stroke of ten they surged in and quietly took their places, till within a few minutes not a seat open to the public remained vacant.

Through the kindness of the Dean of St. Paul's, 600 seats under the Dome were allotted to the members of the nursing profession, and these had been thoughtfully numbered, as nurses have little time to spare from duty, and this arrangement enabled them to be sure of their places.

Quite rightly, in these times, the front seats were filled by members of Queen Alexandra's Imperial Military Nursing Service and its Reserve, and the Territorial Force Nursing Service, who came up from all parts of the country, their grey and scarlet uniforms giving a note of colour to the congregation, which, except for the scarlet robes of state of the Lord Mayor and the members of his procession, the khaki of the band of the 1st Life Guards, and the diverse uniforms of the nurses, was for the most part in mourning.

From St. Bartholomew's, the great City hospital so closely associated with St. Paul's Cathedral, St. Thomas', Guy's, the London, King's, Charing Cross, St. George's, St. Mary's, Westminster, University, the Royal Free, Middlesex and other hospitals, Matrons, Sisters, and Nurses came. The Queen Victoria's Jubilee Institute was represented by the General Superintendent, and others of a fine type, whose professional appearance always commands respect; near by were the President and representatives of the National Council of Trained Nurses of Great Britain and Ireland, the Superintendent of the London County Council School Nurses—the one great public nursing service in the City of London. Matrons from Metropolitan Asylums Board Hospitals, members of the Registered Nurses' Society, the Nurses' Co-operation, and St. John House, were also amongst those present, while from Overseas the Canadian, Australian, New Zealand and South African Military Nursing Services were represented.

Other reserved seats were filled by a distinguished company. The representatives of the King and Queen, the Prime Minister, and other members of the Government, and Members of Parliament, Army officials, and others were present, and in the Choir, observed by few, was Queen Alexandra, who ever closely identifies herself with the nation's sorrows and joys.

Although the greater part of the congregation were in their places nearly two hours before that appointed for the service, the time passed quickly. The band of the 1st Life Guards from time to time played exquisitely, Verdi's *Joan of Arc*, and Chopin's *Marche Funèbre*, heart-piercing and melodious, being amongst the music chosen, which lifted the minds of the waiting people into heavenly places.

On the stroke of twelve, the procession of clergy, including the Bishop of London, entered the choir, and softly the sweet notes of "Abide with me" floated through the Cathedral, carrying the thoughts of those present almost too poignantly to the prison cell in Brussels, where a British Chaplain repeated the hymn, which has so often comforted and strengthened the



dying, to a condemned woman, who joined softly in the last words.

As the flute-like voices of one of the finest choirs in Christendom joining in the triumphant crescendo, "Heaven's morning breaks, and earth's vain shadows flee; In life, in death, O Lord, abide with me," soared upwards in the great Dome, surely the voices of celestial choirs took up the strain, so that it re-echoed through the courts of Heaven, till the refrain sung by the heavenly voices was heard on earth, as the concluding notes died away.

The Psalms chosen seemed singularly appropriate; the "De Profundis" with its confident

and the service ended on a note that was almost triumphal.

One the gladness of rejoicing  
On the far eternal shore,  
Where the One Almighty Father  
Reigns in love for evermore.

Soon shall come the great awaking,  
Soon the rending of the tomb;  
Then the scattering of all shadows,  
And the end of toil and gloom.

The Benediction was given by the Bishop, and then a hush fell on the great congregation, and for a space there was silence, before it rose



*By courtesy of the "Daily Mail."*

TERRITORIAL FORCE NURSING SISTERS WAITING TO ENTER ST. PAUL'S CATHEDRAL.

faith, "My soul fleeth unto the Lord, before the morning watch, I say, before the morning watch," and the twenty-third, "Yea, though I walk through the valley of the shadow of death I will fear no evil: for Thou art with me."

After the Lesson the whole congregation rose while the Dead March in Saul, never heard to such advantage as in St. Paul's, reverberated through the Cathedral, at first with the majestic roll of drums, a wailing dirge, and ending as a pean of praise.

The Liturgy of St. Chrysostom, sung to the haunting music of the Kieff chant, sweet and piercing, penetrated to the furthest limits of the great building. Then followed the prayers,

once more, to sing with heart and voice "God save the King."

Beyond the veil—that veil which at times seems so impenetrable, and just now so transparent, so often is it drawn aside as brave men and women pass through—there is, we believe, granted to our Sister that rest of which we know, from her own lips, she had little during a strenuous life. As she made the weeks of her imprisonment a time of retreat, so, in the Paradise of God, will she learn more perfectly to do His will.

"Eternal Rest grant her, O Lord,  
And let light perpetual shine upon her." }  
M. B.

## OUR PRIZE COMPETITION.

### STATE WHAT YOU KNOW ABOUT THE PHYSIOLOGY OF THE OPEN-AIR TREATMENT.

We have pleasure in awarding the prize this week to Miss Lucy C. Cooper, Westminster Infirmary, Colindale Avenue, Hendon, N.W.

#### PRIZE PAPER.

The physiology of open-air treatment lies in the knowledge of the constituents of the atmospheric air, and the part it plays in life. Atmospheric or pure air is composed of oxygen, nitrogen, and carbonic acid gas; in 1,000 volumes the quantities of each are as follows: oxygen, 209; nitrogen, 799; carbonic acid gas, 0.4. Of these the principal is oxygen; without oxygen, plants would lose their colour, fires or lights refuse to burn, and the human blood lose its red colouring matter. Yet civilised human beings build houses and shut themselves up, shutting out the means of securing the very element which is to preserve health.

Education in sanitary science is doing much to enlighten people, but it was in connection with tuberculosis that what is known as open-air treatment was first carried out. But oxygen is nevertheless none the less valuable in all and every kind of illness when the sickness makes it impossible to get abroad to obtain it.

In a normal healthy routine life a certain amount of outdoor exercise enters into the arrangements of the day. Thus, the walk to and from school in childhood, or outdoor recreation when residing within school or college; walking to business in later life; in domestic life, the daily shopping; in society life, the walk, drive, or call, &c. In all these instances there is the healthy exertion; and the lungs, and with them the whole of the body, are cleansed of foul matter, and a good supply of the life-giving oxygen takes its place. In studying the physiological functions of the human body we find the greatest work is done by the blood, which has to carry oxygen into the most microscopic tissues all over the body; also to carry back waste matter, chiefly carbonic acid gas, which is produced by combustion of forces which go to make up energy. The oxygen is inhaled or inspired by the act of breathing into the lungs, and the carbonic acid gas is expired by means of the lungs. A certain amount of moisture, from 25 to 40 ounces, is also given off from the body by means of the lungs and skin; these waste matters are as dead ashes from a fire, and, in the same way that ashes are cleared right away from the grate, so ought the waste matters to be cleared right away from our bodies, and not

by any means be re-breathed into the system. If such is done it shows itself as a slow system of poisoning, and we get headaches, lassitude, anæmia, loss of appetite, and gradually develop into a condition in which disease finds a ready entrance.

The danger is greater where, as in phthisis, it is the lung itself that is diseased, and so, to carry out both purposes, the well-known open-air treatment was inaugurated, and when climatic surroundings are favourable we get splendid results. Two very great drawbacks to be faced are, first, the unsuitability of our English climate for the steady carrying out of this system. Secondly, in nine cases out of ten the treatment is started too late to arrest the progress of the disease. In arranging for the carrying out of the open-air treatment a revolving shelter, with back and two sides closed, will be found most suitable, as, by turning the back to the windy quarter, we can keep our patient always in the open, yet free from the draughts which make the carrying out of the treatment indoors by means of open windows or doors so trying. We must meet the various changes of weather by additional clothing, hot-water bottles, and nourishing food, plenty of milk and fat foods, also cereals. Meat is in itself not so necessary a part of the diet. Exercise also, when possible, should be arranged as part of the treatment; this might be taken as a walk, gardening, or even being wheeled about in a chair. Drugs play a very important part in the treatment of a phthisical patient undergoing outdoor treatment, the object being to heal up the diseased tissue and strengthen what remains of the lungs. Sputa also are carefully removed, and all excreta from the body; also soiled linen is taken immediately away.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine and Miss B. Macdonald. We have received fewer papers than usual this week, and the subject is one which evidently needs studying by our readers. We commend to their notice the "Report on Ventilation, and the Effect of Open Air and Wind on the Respiratory Metabolism," by Professor Leonard Hill, F.R.S., in his Reports to the Local Government Board on Public Health and Medical Subjects (New Series, No. 100), published by Wyman & Sons, Ltd., 29, Bream's Buildings, Fetter Lane, E.C. 1914. Price 9d.

Concerning this report *The British Journal of Tuberculosis* says:—

Professor Leonard Hill has embodied the results of an extended investigation regarding respiratory exchange in man under varying

climatic conditions in his official Report to the Local Government Board. The report is of exceptional interest and particular value to those responsible for the organization and conduct of so-called open-air treatment. The conclusions are of such importance that we think it wise to reproduce them here:—"The curative influence of open-air treatment and exercise depends on the increased metabolism of the body which is accompanied by a more ample ventilation of the lungs, more vigorous circulation, better appetite and digestion, and lessened bacterial decomposition in the large bowel. It is rather by these ways than by auto-inoculation that the beneficial effects are obtained in the treatment of phthisis. The movement of the air, producing an adequate cooling of and stimulating effect on the skin, is the prime factor in ventilation, and crowded tenements and cities owe their deleterious effects to the withdrawal of the citizens from the adequate action of moving air and sunlight, and not to any chemical impurity of the atmosphere which they breathe, leaving on one side the question of dust in the atmosphere. There seems to be no advantage in open-air treatment on cold damp days when the atmosphere is still and saturated with moisture. Exposure to such an atmosphere produces a sensation of cold owing to the water vapour in the air, which cools the nerve endings in the warm skin of the face and hands; it does not produce the advantageous increase in metabolism or the stimulating effect which is produced by air movement acting on the whole cutaneous surface. Bracing places are those where the metabolism is increased most by free movement of cool and not too humid air. Sanatoria should not be placed in situations so sheltered that the air is apt to be still and overlaid with moisture. It is inadvisable to surround suburban houses with trees and shrubs, which blanket them with a stiller and moister air. The beneficial effect of garden cities, as far as atmosphere goes, is to be sought in the freer movement and greater relative dryness of the air both inside and outside the houses. It is well known that artificial methods of warming cannot be applied with any advantage to the raising of animal stock, and such methods should be so used by man as to diminish to the least degree the energy output of his own body, commensurate with his efficiency in work. Overheated rooms and still air decrease the activity of the body furnace, and so lead to lessened vigour and resistance to disease. Particularly is this the case if over-eating accompanies overheating, for the food eaten is not required to keep the body warm, and undergoes bacterial decomposition in the

bowel, with the consequent deterioration of health. The overheated air of rooms, with the rapid changes of temperature from this air to the outside winter air, leads to the disturbed function of the respiratory mucous membrane, with the consequent acquisition of 'colds' and respiratory infections. It is not the cold outside air which causes the trouble, but the overheated atmosphere of the room. The general belief that exposure to cold is the cause of all trouble is greatly to be deprecated. So far as real evidence goes, those who expose themselves freely to open air and cold weather become hardy and vigorous, and do not take 'cold.' Excessive protection from cold weather by overclothing, overheating, and shutting out of wind lessens immunity and increases the susceptibility to such diseases as pneumonia and phthisis. The evidence of this research is in favour of open-air schools, open workshops, garden cities, and means of affording sedentary workers opportunities of open-air exercise to counteract the effect of their employment in still, warm atmospheres. When it is generally realized that it is the physical and not the chemical conditions of confined atmospheres which influence health and happiness, a vast improvement in the condition of home and industrial life will be effected." The report of this well-planned investigation certainly goes far to justify open-air treatment as usually carried on in the sanatoria of this country.

#### QUESTION FOR NEXT WEEK.

What are the symptoms of mental failure, and what is the nursing treatment?

### THE KING'S RETURN.

Everyone was surprised, but much delighted, to know that the King was at home again. His Majesty crossed the Channel in the hospital ship *Anglia*, and the journey from the coast was made in the ambulance train *Queen Mary*.

The ambulance in which he was removed to Buckingham Palace was the gift of the ladies of *Burmah*.

The two trained nurses who have the honour of nursing His Majesty are Sisters Edith Ward and Vivienne Tremaine, the former English and the latter Canadian. Both were working on an hospital barge in France when summoned to attend His Majesty.

Sir Frederick Treves and Sister Ward accompanied the King in the ambulance on the journey between Victoria and the Palace, which was very slowly accomplished.

The whole nursing profession will unite in the hope that His Majesty may speedily recover completely from the effects of his accident.

## NURSING AND THE WAR.

British Columbia has sent to this country for active service a hospital unit known in that province as "The Life Saving Fifth" but officially as "The Number Five Overseas General Hospital." It has an equipment for over 1,000 beds, and the staff consists of 35 physicians, 73 nurses, 201 orderlies, and others of the rank and file. The Commanding Officer is Lieut.-Colonel E. C. Hart, R.A.M.C., of Victoria. The Matron is Miss Frederica Wilson, formerly Superintendent of the Winnipeg General Hospital, and her assistants are Miss Campbell and Miss Tripp of the Provincial Royal Jubilee Hospital in Victoria. All the nurses chosen were residents in British Columbia and many have won distinction in their profession,

had a hearty send-off from Marylebone station when they left to take up their duties at the Anglo-Russian Hospital, Petrograd. They will travel via Archangel. The names of the staff were published in our issue of October 9th. Miss Bates, the Assistant Matron, hopes to follow in a few weeks' time.

All hearts are just now turned to Serbia with sympathy and desire to help this gallant little country and the provision of trained nurses is receiving much anxious consideration.

Various organizations in this country have for some time been sending medical and nursing units to Serbia, and we know that they will grapple by every means in their power with the present emergency.



NURSES OF THE BRITISH COLUMBIA GENERAL HOSPITAL UNIT.

and some have held the position of Superintendent. We are indebted to the *Lady's Pictorial* for our illustration of some nurses of this unit.

Miss Wilson has been deputed to duty as Matron of the Military Hospital, Shorncliffe, and the hospital is to be congratulated on her appointment. Miss Wilson is very well known to her colleagues in this country as a most able Matron who did excellent organization and educational work at the General Hospital, Winnipeg, and as a very charming woman.

On Tuesday a party of doctors and the nursing staff of which Miss Irvine-Robertson is Matron,

The Serbian Relief Fund which now has its head quarters at 5, Cromwell Road, S.W., has received information that the staff of their second Farmers' Hospital was for four days under fire in Belgrade. The patients and staff were removed in safety, but the hospital was demolished, and several thousands pounds worth of stores lost.

The Scottish Women's Hospitals maintained by members and friends of the National Union of Women's Suffrage Societies are five in number. All contingencies have been prepared for. The hospitals will remain with the Serbian army wherever it goes, and their staffs will never desert the Serbians, but they would infinitely rather meet the Bulgars than the Germans.



The hospital at Troyes in charge of Dr. Louise McIlroy, has, at the request of the French Government now gone to Salonika. This is the Girton and Newnham Unit, and is expected to arrive at Salonika this week.

The following nurses left Liverpool on October 28th to complete a London unit of the Scottish Women's Hospitals for Salonika: Nurses Wallace, Shee, Nicholas, Macgregor, Murdock, Grace, Crowe, Burt, Annie Allan, M. Walker, Eadie, and Dunbar.

Dr. Constance B. Slater, who is on the Medical Staff of the Wounded Allies Hospital, at Kragujevatz, Serbia, has written home as follows:—"Our first taste was on Thursday, when guns began booming at 6.30 a.m., and the next thing was the sight of the Taube flying over our Nurses' Home. Several bombs were dropped, but finally one of the Taubes caught fire and fell. I saw it all and went to the spot where it lay burning in a shattered mass, and I have part of the steering wheel to bring home as a memento. This was about 8.30 and after that we were left in peace. Next day we had a worse time and several bombs were dropped near the hospital and in the street where the Nurses' Home is. Again the attack began at 6.30 a.m.—so now I get up early! One bomb dropped through the roof of a little house two doors off from here, killing a man by blowing the top of his skull away. Dr. Aspland and I were just then in the upper room of the Nurses' Quarters (their bedroom) and went to the windows to see what damage had been done when immediately there was another crash and the room we were in was filled with smoke. Dr. Aspland was nearest the door and got out and I was thrown violently to the ground; and felt dazed and as if my ears would burst out. Every window in the house was shattered, and there are big cracks in the ceiling. The house opposite is in the same state, in fact most houses down the street. The Home Sister was at the door by the time I crawled out. She and the Night Sister had taken refuge under the table in the dining room at the back when the bomb came, they said it shook the whole house. The wonderful thing is that my glasses did not fall off! The Home Sister said I was joking when I came out and not even pale, but my hands shook a little. When I was out we all fled downstairs and took refuge in the cellar, whilst more fell. Then there was a lull and Dr. Aspland and I went to see the man who had been injured but he was past everything so we went off to the hospital. Dr. Aspland took two of the Sisters back to the Nursing Home to show them the damage and I set to and did the dressings as usual. At 9.30 three more bombs came down quite close to the hospital alarming the patients. I had to have all the beds pulled away from the windows in case of splintered glass. We got through the morning's work in the end."

It may be noted that the Serbian Authorities have given Dr. Aspland, Médecin Chef of the

Wounded Allies Hospital, the hon. title of Major in the Serbian Army.

A contemporary publishes a letter from Staff Sister Henrietta Breakey, of Ballybay, Ireland, who is engaged with the British Expeditionary Force at the Dardanelles. She states:—

"I am on the 'First Aid Volunteer Detachment Riding Corps,' and when I got through my temporary training and secured the three necessary certificates, viz., 'nursing and administering first aid to the wounded on battle field,' 'motor ambulance driving,' and 'horse riding and driving,' the British Red Cross Society then sent me to Gallipoli, Dardanelles."

In the *Egean Sea* the troopship on which she sailed encountered some of the enemy's cruisers. Miss Breakey writes: "My first experience of warfare I shall never forget.

#### INEXPERIENCED WORKERS TERRIFIED, WEeping AND WAILING.

"The loud reports of the guns in quick succession and the bursting of the shells so terrified my comrade Sisters that they stood in groups weeping and wailing, totally unfit to do their duty, and were sent into the Captain's den. Putting my trust in God I somehow overcame my terror, and with the help of our only doctor went into the midst of that awful struggle, lifting, tending and soothing those who were speedily passing into the Great Beyond. . . . The horror of seeing our brave men who died so nobly lowered into the deep waters of the *Egean Sea* was a sight I could not look at. . . . I did not regain my spirits till I was told on landing at Gallipoli that the Red Cross Society had promoted me to the high position of 'Staff Sister,' and awarded me the medal for doing my duty on board the troopship during that terrible battle.

#### ALL THE GUIDING AND DIRECTING OF OPERATIONS ON THE FIELD.

"Being so very young and inexperienced, I felt my new position most trying at times, as I had all the guiding and directing of operations on the field, and often wished I was as free of responsibility and care as the ordinary nurse.

#### OUR SOFT COMPLEXIONS SCORCHED.

"The country is full of hills and mountains and we have to do long, hard rides on the Army mules. . . . The hard riding in the fierce heat of a tropical sun [since when was Gallipoli in the tropics?], the sweat running off us in pools, our soft complexions scorched and blistered by the blazing sun was a sore trial to our brave Sisters. When the sun sinks we feel the cold, sharp air piercing through and through our sweaty clothes, with no means of changing them, as we are in the thick of the fray, and a long way from camp, so we just pick up a dead soldier's great coat off the battle field and wrap ourselves up in it.

#### OUR SKILL AND PROMPT ATTENTION.

"We are doing a splendid work, and by our skill and prompt attention save a great many gallant young lives. . . . Our hardest task is lifting a fallen cavalrman and hoisting him into the saddle, as a wounded man is so helpless, and leaves such a lot of his weight on you, but when he is able at all to sit on his horse he is one less for you to carry on a stretcher. . . . It is on artillery wagons we bring the wounded to hospital. These wagons are enormously big, drawn by mules, and the Sisters have usually to drive to the base.

#### THE CAMP A JOLLY PLACE.

"The camp is a jolly place. I have got two monkeys, a parrot, and a cat given me by the soldiers, and an Australian officer has taught the parrot to say 'When Irish eyes are smiling.' . . .

"After nine days of heavy work in the trenches I was sent to the field, and worked in the thick of that terrible fight, the fiercest battle ever fought on the Gallipoli peninsula. . . . A number of our Sisters, unable to stand the heavy strain, had to give up. I was terribly overworked and worried with so many Sisters getting knocked up, I simply did not know what to do. Of course I cabled home to headquarters to send nurses at once.

#### WE NEVER THINK OF OURSELVES.

"Ours is a noble work, and we never think of ourselves; all our thoughts are for others, and we just love helping our khaki-clad boys."

Does the British War Office really place our brave men in Gallipoli, when sick and wounded, in charge of members of First Aid Volunteer Detachments with temporary training? We await a reply.

#### AN ALARMING EXPERIENCE.

The staff and patients at the Military Hospital, Grove Road, Richmond, had a most alarming experience at four o'clock on Sunday morning. The first intimation of anything wrong was that all the lights in the building went out, and there was a strong smell of burning rubber. A few minutes later, a most terrific explosion took place, and a fire broke out in one of the wards. From the force of the explosion one nurse—Nurse Mary Young—was shot for a distance of some yards right out of the hospital and dropped into a man-hole (open from the explosion), but beyond shaking and bruising, was apparently none the worse. The other, a probationer—Nurse Snow—was seriously hurt, her clothes caught fire and she was blown out of the ward to the foot of the stairs. Meanwhile, in the ward, three of the patients were operating the hose, the position of which they fortunately knew, as they had been cleaning the hydrant the day before, and though it was in the vicinity of the flames, they at once secured it and got the fire under. Miss Snow, happily for her, was played upon by the hose, though, in the darkness, the men were unaware of it. Unfortu-

nately some of her injuries were caused by the fact that, lying at the foot of the stairs, and, though conscious, unable to speak, she was trampled upon before Nurse Young was able to call attention to her condition.

The occurrence is described by the Matron—Miss Gertrude Fletcher—who was near the ward when the explosion occurred, having been called when the lights went out, as most alarming. Windows were broken, doors splintered and torn off their hinges; and the noise of the explosion and the fire in the darkness, terrifying, and heard for a long distance. We are glad to learn that Miss Snow is progressing satisfactorily.

#### NURSES FOR ITALIAN AND ENGLISH SOLDIERS.

In our advertising columns will be found a notice that Miss Dorothy Snell, the Matron and Organizer of the Queen of Italy's Nursing School at the Policlinico at Rome, who is now in England, will see candidates on Wednesday, November 10th, 17th, and 24th, for service in Italy for Italian sick and wounded soldiers, and also for an English Hospital shortly to be opened in Sicily for English soldiers. Applications must be made personally, between the hours of 4 and 6 p.m., at St. Andrew's House Club, Mortimer Street, London, W.

Miss Snell specially asks that no letters are sent to her in reply to the advertisement in this JOURNAL, as the last advertisement inserted brought upwards of 300 applications and she has not time to select candidates for this interesting work through correspondence.

#### FRENCH FLAG NURSING CORPS.

The following Sisters leave for France on Saturday, November 6th: Miss Barbara Lendrum, cert. Leeds General Infirmary, Superintendent Q.V.J.I. District Nurse Home, Cambridge; Miss Rosa L. Matthews, cert. Crumpsall Infirmary, Queen's Nurse; Miss Elsie Cobbald, cert. Royal South Hants Hospital, Southampton; Miss Delia McNally, cert. St. Pancras South Infirmary.

Sister Elizabeth Thompson, R.N.S., sends three lovely Jaeger mufflers—and from her patient, Mrs. Jackson, a lady over 90, a pair of slippers and a beautifully knitted pair of socks, with the message, "Every stitch has been knitted with most heartfelt wishes for brave soldiers in the fighting line."

We are glad to receive so many letters from the Sisters expressing their satisfaction with and happiness in their work, showing a nurse-like and unselfish spirit. Miss Ellison writes from Paris that with the Matron-in-Chief in office, the work at Headquarters goes smoothly and well.

## CARE OF THE WOUNDED.

The Dmitri Palace in Petrograd is being adapted with all possible speed to the uses of the Anglo-Russian Hospital, our national gift to our Russian Ally. The first unit of the hospital has been received by the Empress Marie with "warmest gratitude for the beautiful gift."

Queen Alexandra, attended by Lady Gosford, visited the County of Middlesex Red Cross Hospital, Hanworth Park, last week.

As we have previously reported, with the object of centralizing Red Cross workers and including all under the Government scheme for the recognition of voluntary effort, Red Cross Central Work Rooms have been opened at the Royal Academy of Arts, Burlington House, as a branch of the Stores Department at headquarters. They have immediately proved a great success, and not only are workers attending at Burlington House, but home workers are joining the Central Work Rooms, from some of the most remote parts of the kingdom, so are women whose occupations will not permit them to form work parties. It is hoped to enrol a million workers, and those who wish to join should write at once to the Hon. Secretaries at the above address.

Dr. Brend has just returned to England after inspecting the military hospitals in France supported and managed by the Wounded Allies Relief Committee (Sardina House, Kingsway, W.C.). The Hôpital Militaire Anglais, Limoges, has 170 beds and the average cost of a patient is 48. 1/4d. a day, towards which the French Government contributes 2 francs a day. Of this hospital Dr. Brend says: "The reputation of the hospital extends beyond the limits of Limoges itself and it has, in fact, become a model hospital for the district, the French Authorities not only sending an exceptional proportion of serious cases but visiting our hospital for the purpose of seeing and copying our arrangements." He adds that the hospital merits certain improved equipment in the form

of new iron bedsteads, mattresses, pillows, chairs, and so on. Dr. Brend's report concludes: "If the Committee has, or can obtain the funds, there is no doubt that there is still ample scope for a very considerable increase in its work in France."

The Canadian Red Cross, while a voluntary organization, is a regular part of the machinery of the State. It is incorporated by Parliament, officially recognized, and required to report its work regularly to the Dominion Minister of Militia, the head of the Canadian War Department. "It is," says *The Red Cross*, to which we are indebted for our picture of Chee-poos-ta-tin, "no cause for wonder that a society so well organized, and carrying out its work so admirably,

should be well supported in Canada. Even the Indians take an interest in the Red Cross, there being a branch of the Society among the free Indians in Saskatchewan. The old chief, Chee-poos-ta-tin, or Painted Cap, recently gave over the whole of his Treaty money allowance to the Red Cross, and the younger men have raised over 300 dollars by Red Cross concerts.



CHIEF CHEE-POOS-TA-TIN, AGED 107. THE OLDEST MEMBER OF THE RED CROSS IN CANADA.

## SACRIFICE OF HOME AND LIFE.

By kind permission of the Earl and Countess of Crewe, a Drawing Room Sale will be held at Crewe House, Curzon Street, W., on Wednesday, November 24th, from 12 to 7 o'clock, in aid of the funds of the Royal Medical Benevolent Fund Guild.

The Royal Medical Benevolent Fund Guild renders assistance to necessitous relatives of those medical men who in the practice of their profession have lost their health or their life without having been able to make adequate provision for their dependents. Owing to the War applications for help are more numerous and more pressing than ever. Thousands of Civilian Doctors have been called upon to serve with our Armies in the Field and the Military Authorities have borne unstinting testimony to the splendid services they have thus rendered their country; we who remain at home feel it incumbent upon us to make every possible effort to assist such families as require help.

## SOME PERSONAL RECOLLECTIONS OF SISTER CAVELL.

It was as Sister Cavell I knew her—the title comes readier to my mind than any other—and, amongst all the members of our fraternity one in the course of work must of necessity meet, she stands out in my memory, the ideal Sister.

It was in 1901, as one of sixty probationer-nurses, I, in common with the rest, was interested in the coming of two new Night Sisters, one of whom was Sister Cavell, whose name during the past fortnight has become familiar in every corner in the world.

When coming on duty the first time she ran the gauntlet of a good many pairs of eyes, and only a heightened flush showed she was not altogether unused to new experiences.

I see her yet; slightly built, of average height, neat and trim in appearance, her brown hair tidily tucked away under the Sister Dora cap, beneath which the eyes looked out with a clear, steady gaze, betokening a quiet determination which should carry her far. She had a sweet, kind face, which at once inspired confidence. She did not look strong, and this, combined with her sensitive features, made one feel one would like to shield her from all unpleasant things.

After a lapse of fourteen years, which in a busy nurse's life is full of incident, the happenings of so long ago have faded from the mind, and only generalities stand out, but the memories that remain are altogether pleasant, and life is richer for them.

Probationer-nurses—like other people in the initial stage of knowledge, who have yet to buy life's experience—are apt to discuss and criticise their superiors, and calmly settle matters of discipline, ward-management, diagnosis, and treatment which puzzle much wiser heads; but I never heard Sister Cavell adversely discussed. Somehow she did not give anyone the opportunity; she lived on too high a level, and was so conscientious in all the details of her life and work that one could only admire and wish to emulate. Hers was no assumed interest; she always remembered anything we told her about our patients, and was ever ready with helpful suggestions for their comfort. To the nurses she was a true friend; in her manner there was just that touch of aloofness which perhaps in the interest of discipline is advisable; but withal she was very approachable, and so ready and able to give us information about anything we wanted to know.

We all thought her very clever; she had the gift of imparting knowledge, and in my probationer days was the only Sister who lectured to the nurses. She gave up a good deal of what would have been her leisure to help the senior probationers in their preparation for examination. I have still by me some test papers which Sister Cavell gave me to answer, and which, after examining, she initialled and returned with some added notes of her own.

These are a few recollections, imperfectly given, of a sweet, lovable woman, who did life's work actuated by the highest motives, and who in her lifetime was unknown outside her immediate circle. Yet in that life she accomplished much, for I am sure many, like myself, feel they owe a very great deal to her quiet influence, and have always remembered her with much affection and respect.

By her death she has become an inspiration to the world, and has led and will yet lead many to a higher level by way of service, suffering and sacrifice, the path she herself so heroically trod.

MARY CAROLINE DAY.

## FRENCH NURSES' HONOUR SISTER CAVELL.

CHÈRE MRS. BEDFORD FENWICK.—L'Ecole des Infirmières de l'Assistance Publique est encore sous la cruelle impression du martyre de Miss Cavell, et je viens vous prier de transmettre à toutes les Nurses d'Angleterre l'expression de ses très douloureuses sympathies.

L'admirable souvenir de Miss Cavell restera à jamais gravé dans le cœur de chaque Elève, et l'exemple de ses nobles qualités viendra fortifier les résolutions, les efforts et la volonté de chacune.

Pour manifester publiquement son admiration et vivre plus étroitement encore avec la mémoire de Miss Cavell, l'Ecole demande que l'Amphithéâtre des Cours où les Elèves se réunissent journellement, porte le nom glorieux de la martyre, nom qui symbolisera à tout jamais pour les générations futures de l'Ecole toutes les vertus de l'Infirmière.

Nos plus sympathiques condoléances se joignent à notre admiration et vont vers la mère qui pleure l'héroïque Miss Cavell.

Je vous remets sous ce pli la note parue dans la presse française, et vous remercie de vouloir bien être notre interprète auprès de toutes nos vaillantes sœurs d'Angleterre, en cette triste circonstance.

Je garde le meilleur souvenir de votre dernière visite, et vous prie de croire, chère Mrs. Bedford Fenwick, à ma respectueuse sympathie.

C. CLÉMENCE.

École des Infirmières *Surveillante Générale.*  
de l'Assistance Publique, Paris.

The following is a translation of the notice which has appeared in the French papers, and which Mlle. Clémence asks us to translate:—

"The pupils of the Nursing School of the *Assistance Publique*, in Paris, associate themselves with the universal indignation called forth by the assassination of their sister, Miss Edith Cavell, and offer to their English colleagues their sorrowful sympathy for the martyrdom of the most courageous, the purest, and the most noble victim of Prussian cruelty.

"In order to honour her memory for ever, they ask that the great Lecture Amphitheatre of the School of the Salpêtrière shall henceforth bear the name of 'Edith Cavell.'"



### "THE WAY OF THE GOOD PHYSICIAN"\*

"The Way of the Good Physician," by Dr. H. T. Hodgkin, Secretary of the Friends' Foreign Mission Association, is published in the hope that it will afford sufficient, but not too much, material for those who have hitherto done little or no mission study.

The opening chapter reminds us that the book "has been planned and written at a time when hundreds of thousands of men are offering their lives in willing devotion on the field of battle. Very many of these have seen a vision of personal

There is probably no more satisfying life than that of the medical missionary, unless it be that of the missionary nurse. To bring light to eyes blinded by superstition, to share in healing the disease, and alleviating the unnecessary suffering of people in heathen lands, what better aspiration can a nurse take with her on entering a hospital for training? The nurses' part in missionary work is a very unique and honourable one, and no pains can be too great in preparing for it.

"Who," asks Dr. Sharrock of the S.P.G., "is to persuade the people that water oozing from a dunghill and along the open sewers in the roads is full of deadly microbes? How are they to



WHAT WOMEN CAN DO.  
BRITISH MEDICAL WOMEN AND INDIAN NURSES AT WORK IN THE OPERATING THEATRE.

duty and of national honour which has quickened them to heroic action.

"In these pages must be told the story of a service no less heroic, for an end no less worthy. It ill becomes us to think that the battle field is the only place where great heroism can be displayed. If it were possible for us to see, and to make clear to others, the glory and grandeur of the medical missionary's calling we should be doing something to supply that moral equivalent for war which is so sorely needed, if the world is ever to turn into the paths of peace."

\* United Council for Missionary Education, Cathedral House, 8, Paternoster Row, E.C.

know that one rat will carry fleas impregnated with enough germs to kill half a village?" We know of no one who can do so if the trained nurse fails.

Again, we read that "the training of native nurses, both male and female, is an important part of medical mission work. . . . The status of the nurse is less well defined than that of the doctor, and this reflects itself on practice in the mission field. Dr. Hodgkin emphasises that for mission work it is essential to have a fully-trained foreign nurse, and as training native nurses is a very important part of her duty she should have some aptitude for teaching as well as for doing her own work.

## JOINT WAR COMMITTEE.

## AT HOME.

The following Sisters have been deputed to duty in Home Hospitals :—

*Red Cross Hospital, Budworth Hall, Ongar.*—Miss B. I. Stephens.

*Highfield Hall, Southampton.*—Miss F. E. Anderton.

*F.A.D. Hospital, Rēneath, Winchmore Hill.*—Miss E. M. Haywood.

*F.A.D. Hospital, Roundhay, near Leeds.*—Miss T. L. Morgan, Miss F. E. Barrel.

*F.A.D. Hospital, Banbury.*—Miss L. A. Randall.

*Auxiliary Hospital, The Warren, Leamington.*—Miss A. A. Scott.

*Red Cross Hospital, Darley Dale, Derbyshire.*—Mrs. L. Sheppard.

*Red Cross Hospital, Beechwood, Hereford.*—Miss M. C. Parminter.

*F.A.D. Hospital, Skegness, Lincs.*—Mrs. Thos. Barclay.

*Fairview Hospital, Chigwell, Essex.*—Miss M. E. Nolaïs.

*Heron Court Hospital, Christchurch.*—Miss E. M. Holt.

*Mulgrave Castle, Whiby.*—Miss C. R. Stevens.

*Military Home Hospital, Llyswen, Brecon.*—Miss A. M. More.

*Home Mead Hospital, Lymington.*—Miss M. Marsh.

*F.A.D. Hospital, St. Mary's Road, Willesden.*—Miss H. M. Murphy.

*Greenhill Hospital, Sherborne, Dorset.*—Mrs. Barclay.

*Newton Park, near Bristol.*—Miss O. Aldridge.

*Myrtle Auxiliary Hospital, Myrtle Street, Liverpool.*—Miss M. C. Cawley.

*Red Cross Hospital, Hardwick, Mount Buxton.*—Miss E. Taylor.

*Hanworth Park, Middlesex.*—Miss C. Thelwall.

*Red Cross Hospital, Harlow, Essex.*—Miss G. Walters.

*Norton Hall, Campton, Glos.*—Miss J. Mackay.

*Divisional Hospital, Bedford.*—Mrs. Lincoln.

*Cartréffe, Bridgend, Glam.*—Miss L. R. Harris.

*Auxiliary Military Hospital, Southall.*—Miss E. L. Phillips.

*Tuscan Red Cross Hospital, Southerdown, Glam.*—Miss M. Leneghan.

*Red Cross Hospital, Northwood, Cowes.*—Miss E. M. Field.

*Red Cross Hospital, Christchurch.*—Miss E. A. Bird.

*Woodbastwick Hall, Norwich.*—Miss A. C. King.

*Red Cross Hospital, Richmond, Yorks.*—Miss A. M. C. Hayward.

*Red Cross Hospital, Brooklands, Weybridge.*—Miss Swanson.

## ABROAD.

The following Sisters left for Boulogne on October 27th to replace six Sisters who are returning :—Miss M. H. Scott, Miss M. E. Scott, Miss E. Gunn, Miss C. Clarke, Miss L. Wills, Miss F. M. Reynolds.

## APPOINTMENTS.

## MATRON.

**Children's Hospital, Nottingham.**—Miss Gertrude Bellwood Storey has been appointed Matron. She was trained at the Victoria Children's Hospital, Hull, and the General Infirmary, Leeds, and has held the position of Sister in a Surgical Ward at the Royal Hospital for Sick Children, Glasgow, and Sister of a Medical Ward, and Night Sister and Assistant Matron at the Manchester Children's Hospital, Pendlebury.

**West Suffolk County Council Sanatorium.**—Miss P. Tucker has been appointed Matron. She was trained at the Infirmary and Children's Hospital, Kidderminster where she afterwards held the position of Sister. She has also been Sister at the Birmingham Sanatorium, and Theatre Sister and Acting Matron at the Royal Orthopaedic Hospital, Birmingham, and Matron of the Leaf Hospital, Eastbourne.

**Deal and Walmer Victoria Hospital.**—Miss Maud L. Bond has been appointed Matron. She was trained at Bethnal Green Infirmary and has been Staff Nurse at the Samaritan Free Hospital, N.W.; Night Sister at the Children's Hospital, Nottingham; Sister at the Victoria Hospital for Children, Hull; and Matron of Launceston Infirmary.

## NIGHT SISTER.

**Hospital of St. Cross, Rugby.**—Miss H. Hargrave has been appointed Night Sister. She was trained at the St. Pancras (North) Infirmary, Highgate, and has been Sister at the Holborn Infirmary. She has also done private nursing.

## SISTER.

**Royal Infirmary, Manchester.**—Miss A. Hannan has been appointed Sister. She was trained at the Royal Infirmary, Huddersfield, and has been Staff Nurse at the General Hospital, Ramsgate. She has also done private nursing.

**Second Military Hospital, York.**—Miss Sylvia Brown has been appointed Sister. She was trained at the London Temperance Hospital, and has held the position of Sister in Government Hospitals in Western Australia, and also in Timaru, S. Canterbury, New Zealand, for the past four years. She is a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

## QUEEN VICTORIA JUBILEE INSTITUTE.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses :—

*England.*—Elizabeth Hughes (Major), Mary M. Hooson, Florence G. Willis, Miriam Bailey, Margaret McCrystal, May Parker, Mary F. Ronchetti, Emily Stacey, Bridget Walshe, Margaret E. Holman, Katie O'Sullivan, Agnes M. Rogers, Annie McGeoghegan, Florence Holt, Mary K. Colquhoun, Rose A. Ward, Margaret N. Storey, Florence V. Conroy, Lynda M. Mitchell, Annie Fitzsimons, Isabella E. Bennett, Margaret B. Clarke, Mary E. J. Cardew, Elizabeth Hughes (Minor), Isabella Jefferson, Elizabeth Currie, Maud M. Hepburn, Belinda A. Regan, Louisa Hall, Sarah B. Rowland, Constance

M. Edwards, Daisy F. Tough, May Thomas, Lucy Crosse, Helen McG. Foulkes, Eveline A. H. Impey, Sarah E. Vaughan, Elizabeth M. Brennan, Lucy Joynson, Mathilda J. Laa.

*Wales*.—Annie B. Charles, Mary M. Edwards, Alice Evans, Alice M. Hodges, Miriam Jones, Lilian G. Morris.

*Scotland*.—Elsie Bruce, Isabella P. Anderson, Mary McD. Galbraith, Margaret Lindsay, Isobel R. H. Macdonald, Isabella Moffatt, Annie B. Prentice, Agnes M. Whyte, Helen Watt Burns.

*Ireland*.—Cecilia J. Dillon, Elizabeth Allen.

#### TRANSFERS AND APPOINTMENTS.

Miss Edith A. Rose is appointed to Sussex C.N.A. as Assistant Superintendent, Health Visitor and Lecturer.

Miss Rose received General Training at Kent, Canterbury and Walsall Hospitals, Midwifery Training at Gloucester, and District Training at East London (Central). She has since held several appointments under the Institute.

Miss Maria T. Carr to Liverpool (Central); Miss Marion McAlister, to Manchester (Ardwick); Miss Elizabeth J. McBride to Liverpool (Central); Mrs. Laura M. Morgan to Sonning and Woodley.

#### PRESENTATION.

Shortly before Miss Florence Tubbs, the late Matron, left the Endsleigh Palace Hospital for Officers, she was presented by the members of the Voluntary Aid Detachment working there with an inlaid mahogany bureau, and by the orderlies with a chair to match, gifts of good will which she will always highly prize.

#### THE PASSING BELL.

Nurses trained at the Royal Infirmary, Glasgow as well as a wide circle of friends, will learn with sorrow of the death of Sister Margaret Patterson, R.R.C., at the Lazaretto, Rietfontein. After training at the Royal Infirmary, Miss Patterson went to South Africa in the early eighties to take up a post on the staff of the hospital at Port Elizabeth. From there she was appointed Matron of the Addington Hospital, Durban, and subsequently of the Mitchell Institute in Pietermaritzburg. At the time of the Glencoe railway disaster in 1895 she was in charge of the nursing arrangements and went up with the special train which took aid to the sufferers. She was in Ladysmith during the siege, and for her services then and subsequently was mentioned in despatches and received the Royal Red Cross. When the Transvaal Nursing Reserve was formed she was appointed Matron-in-Chief. She founded the Johannesburg Nurses' Co-operation. At the time of her death she was on the nursing staff of the Lazaretto at Rietfontein. She was accorded the honour of a military funeral.

#### NURSES' CASUALTIES EXPEDITIONARY FORCE.

It is with much regret we print the following announcement in the *London Gazette*:

#### DIED

*Chicago Medical Unit.* Sister M. Hamilton.

## NURSING ECHOES.

### THE NATIONAL MEMORIAL TO MISS EDITH CAVELL.

Several members of the National Council of Trained Nurses have expressed a wish to contribute towards the National Memorial, a Statue to be executed by Sir George Frampton, R.A., the scheme initiated by the *Daily Telegraph*.

Instead of each individual sending a shilling direct, we shall be pleased to receive any subscriptions sent in support of the Statue Fund, and to forward it to the *Daily Telegraph* as a combined gift from the National Council, if addressed to the Hon. Secretary, Cavell Memorial Fund, 431, Oxford Street, London, W. The following Societies and Leagues form the Council:—The Matrons' Council, the Society for State Registration of Trained Nurses, Registered Nurses' Society, St. John's House, the Irish Nurses' Association, and the following Leagues of Nurses:—St. Bartholomew's Hospital, Royal Free Hospital, Royal Infirmary, Leicester, Royal South Hants, Southampton, General Hospital, Birmingham, Queen's Hospital, Birmingham, Chelsea Infirmary, Hendon Infirmary, Cleveland Street Infirmary, Southwark Infirmary, Kingston Infirmary, The School Nurses, Victoria and Bournemouth. If nurses who are not members of these societies choose to support the National Council Fund their gifts will be appreciated.

The *Daily Telegraph* made its first appeal in support of a Fund to erect a Statue to the late Miss Cavell on October 27th, and, in less than a fortnight, more than the £2,000 asked for has been contributed. This is a splendid response in so short a time. It proves the popularity of the suggestion, and everything has been auspicious in connection with it. The Westminster City Council have offered a most appropriate site between the National Portrait Gallery and St. Martin's Church, close to Trafalgar Square, and the First Commissioner of Works has given his consent to the erection of the statue on the island as suggested. So just here, on one of the most central spots in London, where friends and foes alike, from all parts of the world, must pass it by, will be placed this memorial of the patriotism and courageous conduct of one of England's greatest daughters.

The "Martyrdom of Nurse Cavell," by William Thompson Hill, is just issued at 7d. by Hutchinsons, and we hear C. Arthur Pearson is bringing out this week another book on the same subject.

It is not surprising that some indignation has been aroused by the manner in which the British Red Cross Society proceeded to distribute the 320 tickets for seats for the Cavell Memorial Service at St. Paul's on Friday last. The distribution committee, whoever they were, apparently knew nothing of the Nurses' Organizations apart from hospitals and committees which employ nurses. Thus we learn that one hospital was allotted 45 tickets, and members of V.A.D.'s a certain number, whilst the representative of the National Council of Trained Nurses was curtly refused any tickets at all until a letter from the President pointed out the anomaly of the arrangements. Not one ticket was allotted to the Superintendent or School Nurses of the London County Council, the only public social service of nurses in the Metropolis; and ladies like Miss Rosalind Paget, Miss Dorothy Snell, Matron of the Queen of Italy's School of Nursing in Rome, were refused tickets. The truth is that the British Red Cross Society knows nothing of trained nursing, or of nursing organizations, and is the very last Society which the Dean of St. Paul's should have made his intermediary with the profession. Suffice it to say that after somewhat heated demands, the majority of those to whom tickets ought to have been allotted by right and courtesy were present at the Memorial Service, and were not a little surprised to find a goodly sprinkling of doctors and other non-professional people in the nurses' seats. It would be well that those responsible for these Memorial Services should have a list of Nursing Organizations and Services which have a right to representation. It might save some hearthburning on a future occasion.

Many are the memorials proposed in honour of Miss Cavell, and amongst them Sir William James Thomas, of Ynshir, has given 1,000 guineas to endow a bed to her memory in King Edward VII Hospital at Cardiff. But do not let our remembrance of her obscure the fate of those associated with her, amongst them the young Princess Marie de Croy, condemned to ten years' hard labour for assisting the escape of British and French soldiers. At the trial she sought to take all the blame on herself, while pleading for her companions in misfortune.

At a meeting of the Scottish Council of the Queen Victoria Jubilee Institute for Nurses (Scottish Branch), held in Edinburgh, the quarterly report was submitted, and showed that the council were directly responsible for the maintenance of 22 nurses and nine candidates

receiving instruction in the training home. Six nurses had received first appointments at Biggar, Connel, Jedburgh, Langholm (temp.), Maud, and Motherwell. Affiliation had been granted to one new nursing association. Thirty-four visits of inspection had been made, and reports on the work submitted to the Executive Committee. One hundred and thirty-six nurses had been called up for active service, 125 of whom were serving abroad or in the military hospitals at home, the remainder being attached to Red Cross hospitals. One thousand two hundred and ninety-seven cases had been nursed in Edinburgh by the nurses from the training home, necessitating a total of 23,630 visits. Donations received during the period amounted to £122 1s., subscriptions to £184 6s. 9d.

We have received a copy of the Calendar for 1916, compiled by the National Union of Trained Nurses, which comes in the most artistic cover, designed by Miss Violetta Thurstan, the organizing Secretary. "Per Ardua ad Astra" is the motto of the Union, and a beautiful female figure in Greek drapery, in her hand a wand with radiating star affixed, is poised lightly in pale light away above the world, her eyes cast downward enticing us to follow after the gleam of the sparkling Star. It is a charming fantasy.

The Calendar, which is so arranged that the dates can be slipped into the front page from year to year, associates with each month quotations on a special subject. To January, for instance, is given Stars and Skies. The quotations for each day of the year are exquisite and appropriate. Stars and Skies are such delectable delights that one longs to publish them all. Let "Michael Fairless" (a woman) and Shelley suffice.

A star rose flaming from Night's purple sea:

The Star of Truth, the Star of Joy, the Star

Seen by the prophets down the lonely years,  
Set for a light to show the perfect way.

\* \* \* \*

The splendours of the firmament of time  
May be eclipsed, but are extinguished not;  
Like stars to their appointed height they climb  
And death is a low mist which cannot blot  
The brightness it may veil.

We advise every nurse to buy at least one of these Calendars; they cost a shilling, but will bring priceless pleasure if day by day the quotations are studied, understood, and valued. They are to be procured from the N.U.T.N. Office, 46, Marsham Street, Westminster, S.W.



## AN INDEFENSIBLE SYSTEM.

We learn that Miss Florence Tubbs has been informed that a reply will be sent to her from the War Office as soon as possible. Miss Tubbs, formerly Matron of the Endsleigh Palace Hospital for Officers, London, recently petitioned the Secretary of State for War that an independent enquiry might be held into the question of her summary dismissal by the Executive Committee of the hospital, without being afforded an opportunity of knowing of what she was accused, or being given an opportunity of defending herself.

Let us hope that Lord Kitchener will insist upon this just course being adopted, and that the members of the Nursing Board, Q.A.I.M.N.S., will not be constituted the authority to investigate this matter. Under the circumstances it cannot be considered an independent body, as it presumably recognises, in the organization of military auxiliary hospitals, the unethical and intolerable principle of placing highly qualified nurses under the authority of untrained women. Moreover, in our opinion the Nursing Board should have at once taken the initiative and investigated the cause of friction at the Endsleigh Palace Hospital, and prevented, if justice demanded it, the sacrifice of the whole nursing staff, driven by an outraged sense of professional conscience to resign their work, and run the gauntlet of attacks upon their characters which they had no opportunity of disproving.

From many parts of the country the smouldering sense of injustice resulting from the untenable position in which trained nurses find themselves in military auxiliary hospitals is beginning to flare up, and the sooner the Secretary of State for War investigates their just grievances the better.

## CONFERENCE ON MASSAGE.

A Conference on Massage is to be held at the Women's University Union, Lime Grove, Oxford Road, Manchester, on November 20th.

At the afternoon session, 2.30—5 p.m., Miss Lucy Robinson, Chairman of Council I.S.T.M., will speak on "Massage in Maternity Cases," Mrs. Hoghton Stewart on "Throat Massage, Applied to Various Cases," and Miss Winifred Allott on "After Treatment of Lung Troubles by Massage and Exercises."

At 6.30 p.m. Miss Randell, Sister-in-Charge of the Massage Department at St. Thomas' Hospital, will lecture on "Massage for Recent Fractures, and Fractures caused by Bullet and Shrapnel Wounds." Tickets obtainable from 157, Great Portland Street, London, W.

## STATE REGISTRATION.

### A DANGEROUS PRINCIPLE.

We hear that still another Society dealing with the State Registration of Trained Nurses is being quietly organized—by those who have for so many years opposed the justifiable aspirations of nurses that their profession should be organized under statutory authority. So far the Nurses' organizations have been studiously kept in the dark as to the proposals of the new society, but we are informed that an attempt is to be made to register training schools, and thus deprive the nurses of individual registration (a privilege they enjoy in 50 countries or States), and therefore of any personal power in their own professional affairs. Moreover they are to be governed by the civilians who employ them, and Matrons by right of office. Of course, the Nurses' organizations, and those liberal-minded Matrons who have for years done all in their power in their professional capacity to consolidate the profession, will not tolerate any such dangerous legislation. No employers are given such powers over men workers, and women must carefully watch any society which proposes so dangerous a precedent where they are concerned.

What we most dislike about the "anti's" is this secretiveness in dealing with our affairs. Let them come out in the open and discuss the question fairly. This is the right method of arriving at a just conclusion.

### WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations:—Miss Christina Forrest, £1 1s.; Miss P. Mapletoft, 10s. 6d.; Miss M. D. Burke, 10s. 6d.; Miss Emma Horton, 10s.; Colonel Villiers, 5s.; Miss Stott, R.N.S., 5s.; Miss M. Dempster, 5s.; Miss Mason, R.N.S., 2s. 6d.; Miss L. M. Grimes, 2s. 6d.

### REGISTRATION IN VICTORIA.

The Minister of Public Health in Victoria recently invited representatives of the Royal Victorian Trained Nurses' Association, the Bush Nursing Association, the Women's National League, the Midwives' Association, and the Women's Hospital, Melbourne, to meet him, so that he might explain the position of the Trained Nurses and Midwives Bills now before Parliament. Both measures were introduced after a unanimous conference between the Minister and the various bodies concerned. Now difficulties have arisen, when the Midwives Bill has passed the Legislative Council,

and it was assumed that when this was done its passing by the Assembly was only a matter of form, and it would speedily become law.

The difficulty, as usual, appears to be the constitution of the Governing Body. In the beginning, the nurses suggested one Bill to cover all nursing, but the Committee of the Women's Hospital insisted on a separate Bill for the midwives. Now, when the Nurses' Bill is under consideration, the question of two boards is raised as a difficulty.

In presenting the position to the representatives of the bodies concerned, the Minister said that the Midwives Bill had passed through the Legislative Council with but slight amendment, but it was being blocked in the Assembly, and suggestions had been made that one Board should be sufficient to perform the duties of the separate Boards as provided for. He had tried by amendment to bring about amalgamation when he recognized the danger of blockage, but was ruled out of order by the Legislative Council. It remained for representatives of the associations concerned to meet, and secure representation on a single Board.

No doubt the difficulty arose from some fear that the nurses will have too much power on their governing body. In this country we are quite conversant with such tactics.

As we go to press we learn that an amendment has been carried in the Legislative Assembly, giving the administration of the Midwives Bill to the Health Department. The Nurses' Registration Bill was discussed in the Legislative Council, and progress reported.

## NURSES' ASSOCIATION OF CHINA.

(Continued from page 367.)

### CHINESE MEETING.

The Chinese graduate and pupil nurses of the city were the guests of the afternoon on September 2nd, and all papers and addresses were in the native tongue. Dr. Liu (of the Methodist Women's Hospital) presided with gracious dignity. After the devotional exercises, Dr. Liu made a few preliminary remarks, in explanation of the Nurses' Association, its purpose and its membership, now numbering over 100; and also for the benefit of the non-members present gave the official titles in Chinese, as decided on by the Association for graduate and pupil nurses. The graduate nurse to be known as "hu-shih," and the pupil nurse as "hu-sheng."

Mrs. Bayard Lyon, formerly Miss Chung of Tientsin, was to have given the address of welcome to our Chinese guests, but unfortunately was unable to be present. In her letter of regret she expressed the hope for an even more helpful Conference than the one held last year in Shanghai, if that were possible. "In the writer's estimation

the profession of nursing is the most honoured of all professions in which women may engage. It cannot fail to better fit her for what ever walk of life may be hers. The welfare, physical and moral, of the children of the next generation, in this or any other land, lies largely in the hands of the mothers of this generation. May we as members of this association put forth every effort in our power to help our Chinese nurses in their profession, thus preparing them to carry on the work which we can only begin for them in this great needy land."

The next address was given by Surgeon-General Ch'nan, of Tientsin, ever a warm and loyal friend of our profession. He welcomed us most cordially to the national capital, urging us to feel not as strangers but as honoured and welcome guests. He then went on to speak of the importance of the nursing profession from the standpoint of the doctor. "I consider that, in the struggle with disease for a human life, to have a good nurse is seven-tenths of the battle won. The nurse is the doctor's right hand and the patient's friend. Who does not long for a loyal and gentle friend to stand near in time of suffering and peril, and this is the place which often, in the absence of one's own, the faithful Christian nurse can so well fill. There were those who said that the nursing profession could not grow in China. But that day has passed. The nurse has proven her worth in this land, and has come to stay and to multiply. Keep your ideals high. A nurse worthy of the name must have education and refinement, and a character above reproach. Go forth with love, faith, and purity of heart, your hope for the future is bright."

Miss Tippet of Pingyangfu followed with one of the most spirited and spiritual appeals that nurses were ever privileged to hear. Would that all of our pupil nurses throughout the land might have listened and *learned*. Space does not permit of a complete translation, but she said in part, "Let us not lightly regard our profession, by means of which we on the one hand serve our Master, and on the other minister to our fellow men. I wish to liken our lives as Christian workers to this glass syringe which I hold in my hand. I have bought it and it is mine to use as I will. It must obey the impulse of my fingers. It must be empty so that I can fill it with the desired solution. It must be clean, it must work smoothly. Dear friends, we have been bought with a price; we are not our own, we are His. We must pray to be used as He would have us used. We must pray to be pure, to be willing to be used, to be cleansed of all that would hinder His purpose for our lives. The story is told that someone asked Christ, 'If your disciples should fail to carry your message to the sinning world, what then?' The Master replied, 'There is no other way. I trust them and them only.' He is trusting you, He is trusting me to-day! The Chinese have a saying which being translated reads, 'With three of one mind, even earth's dust turns to gold.' Important everywhere, it is

doubly so in hospital life that harmony and singleness of purpose reign. If we hitch two animals to a cart, and one goes east and one goes west, we are not likely to make very rapid progress. You nurses who are located in the large cities in this land are opening up a new road to the Chinese—the profession of nursing. It is you who pave the way for them to follow. Take care that you build well!" Miss Tippet then closed with the story of the rich woman who in a dream made a tour of heaven. "As the angel led her past a beautiful home she curiously enquired, 'And who is to live here?' The angel replied, 'This is being prepared for your carter.' 'Impossible! Why he is a poor, uneducated coolie.' 'I know nothing of that,' replied the angel, 'we have built the house with the materials he has prepared for us.' A little further on the two came to a tiny unattractive hut. 'And whose is this?' 'This is your home,' said the angel sadly. To her protests and claims of wealth and power on earth he replied, 'We have used all the material you have sent us.' The rich woman awakened, rejoicing to find that it was only a dream, and that it was not too late to begin to lay up her inheritance eternal."

A social hour followed, with the serving of tea and cakes by the pupil nurses from the Methodist hospital, after which the members of the Association took rickshas for the Lama and Confucian Temples, sightseeing.

Thursday evening, from eight to ten p.m., the Conference met in united session with the Pekin Medical Association, with Dr. Gray, of the British Legation, in the chair. The officers of the Association had hoped that it might have been possible to present an Address to His Excellency the President at some time during the Conference, but his indisposition prevented this taking place. His representative, Admiral Ts'ai Ting-Kan, was the guest of honour for the evening. A letter of greeting to His Excellency from the Association was read by Miss Hope-Bell, and given to Admiral Ts'ai for presentation to His Excellency. The Admiral then gave a brief address, first conveying to the members of the Association the regrets of the President at not being able to personally extend a welcome to the delegates, and expressing his appreciation of what the nursing profession had already done, and would in the future mean to China. Admiral Ts'ai spoke of the Conference as an "epoch-making event in Peking." He referred with pleasure to the meeting of the Medical Association in the city two years ago, and expressed his delight at now seeing so many of their co-workers, the nurses. "You medical men and women have broken down the bars to our sealed homes, and inspired our men and women to go forth and likewise study for your profession at home and abroad. The doctors shape the policies for the curing and prevention of disease, but it is the nurses who permanently carry out such policies. I feel that I owe the life of my own child to the faithful, intelligent care given by

a good nurse, to say nothing of the care I have received myself at the hands of nurses in times of need."

A paper by Mrs. Lyon, of Tientsin, followed on "District Nursing in China," full of interest to the listeners. This phase of work at present, however, is possible only in the large cities and ports of the country. The interior hospitals, owing to the rigidity of social laws and customs, must needs advance more slowly, even though all are heartily in sympathy with such work, and long for the time when it will be possible to put our nurses out into the homes of the people to a greater degree.

The final paper of the evening was by Miss Hope-Bell of Hankow, on "Some Methods in Teaching Men Nurses," a topic of keen interest to the many engaged in that work. "There are those who think the training of men nurses in China but a temporary expedient until social laws permit women nurses to care for both sexes, but it is hard for some of us who are teaching the boys to feel convinced on that point. Many of them are proving themselves as gentle and capable as their sisters. It is evident, of course, that for the present in many localities men nurses must be used for the male wards. In the port cities, where the customs have been broken down, women nurses are caring for men in a few instances, but this phase can come about but gradually, if at all, in the far interior. The foreign woman superintendent in the interior often finds herself looked upon as a decided innovation, and she has to move cautiously ere she can command the respect of her men nurses and other native co-workers, and thus gain for herself an entrance to the wards."

It is easy enough to give the men lessons in theory, but it is practical nurses who are needed. Miss Hope-Bell finds her "sawdust man" of the greatest value in giving demonstrations. The dummy lends himself to all manner of treatments with perfect good nature, and much can be taught of routine ward work with his aid. A copper or two will secure a small schoolboy as a willing victim for classes in massage or special nursing treatment. Specimens of hearts, eyes, bones and the like may be obtained from the friendly butcher, and these object-lessons are not easily forgotten by pupils.

The danger of teaching too much *materia medica* to the men nurses was warned against, lest they go out and pose for doctors. But there is much to encourage one in the progress made by the male pupils in recent years, and certainly it is encouraging that so many of them are willing to make it their life work, and so can become experienced nurses. "After all, the greatest value lies not in what they have learned in classes, but to what degree they are willing to forget self, and spend themselves in service for others for Christ's sake. One can 'compel them to go one mile,' but it is the voluntary 'second mile' that counts."

(To be concluded.)

## BOOK OF THE WEEK.

"K." \*

We notice this book chiefly for the reason that it is the story of a probationer in an American hospital. We are quite ready to believe that it is no truer to life than similar romances purporting to discuss the prominent features of English hospitals. But a halo of romance and sentiment has and ever will, we believe, centre round the cap and apron of the hospital nurse; and the general public apparently love to have it so, for novels of this description have lately flooded the market. We do not believe that it is customary for honorary surgeons to take new probationers and staff nurses alternately out in automobiles, by moonlight; but it, of course, adds to the zest of a tale.

"K" is, however, a very readable and pretty story, of a light description, and will appeal to a large class of readers, as a relief from the strenuous literature of the present time. "K" was a lodger with Sydney's mother. It was not the custom of Mrs. Page to let lodgings, but, as K. Le Moyne saw it, "genteel poverty was what it meant, and more—the constant drain of disheartened middle-aged women on the youth and courage of the girl beside him." There was a mystery about K. Le Moyne, which is cleared up as the story proceeds, and it was as follows:

He was once Dr. Edwardes, the famous operator, who disappeared from his circle and his hospital. An operation, known as the Edwardes operation, had made him famous. Every care and oversight he had exercised, in order that there could be no possibility of failure. Yet once, and again, and yet again, the lives of patients were risked and lost, on account of an overlooked sponge in the cavity. It broke the surgeon's courage and health, and, of course, ruined his reputation. The explanation of the mystery does not come till the concluding pages.

Carlotta, a nurse, had been dismissed from his hospital, for carelessness in this very particular. Before leaving, she added an extra sponge in the gauze bags that should have contained a dozen apiece, to spite the surgeon who had insisted on her dismissal. The result needs no explanation to the professional mind, except, of course, that the dozens should have been verified in each case. But one must not be too particular, or we should get no tragedies written.

Sydney Page has determined by the time that "K" takes up his quarters in her mother's house, that she will be a nurse, and enters as probationer the local hospital. Here we find Carlotta again, as staff nurse, with her wicked secret still locked in her breast and quite unaware of the close proximity of the man she had ruined. One can now understand that quite an exciting combination of circumstances will arise.

Sydney is very pretty, and "K," Joe Drummond and Dr. Max Wilson, of the honorary staff, are all in love with her. But Dr. Max appears also to be in love with others at the same time. That is the kind of man he is. Carlotta is a person of considerable ability and not without humour, as her remark on being given double duty will show. "I've always had things pretty hard here," she remarked, briefly. "When I go out, I'll either be competent to run a whole hospital single-handed, or I'll be carried out feet first."

There is a pretty little sketch of Christmas in the hospital. "As much as possible the hospital rested. The house surgeons went about in fresh white ducks, doing few dressings. Over the upper floors where the turkeys were located, spread towards noon the insidious odour of roasting turkeys. Every ward had its vase of holly. In the afternoon, services were held in the chapel downstairs. Wheel chairs made their slow progress along corridors and down elevators. Convalescents, who were able to walk, flapped along in carpet slippers; over everything brooded the after-dinner peace of Christmas afternoon." It has a familiar touch, this description.

Dr. Max is so much in love with Sydney that he becomes engaged to her, which does not appear to have been a necessary consequence in his former affairs. But it was not in his nature to remain true to her or anyone, and we are glad when "K," or, as he then becomes again—Dr. Edwardes—declares his faithful affection, and is rewarded. There is plenty of incident and colour in the story, and though some of the hospital episodes are not impossible, we hope and believe that they are not usual.

H. H.

## COMING EVENTS.

November 4th.—"The American Child at School," by Miss Clara E. Grant. Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. 6 p.m.

November 6th.—Nurses' Missionary League. Sale of Work, Sloane Gardens House, 52, Lower Sloane Street, London, S.W. 10 a.m.—6 p.m.

November 6th.—Church League for Women's Suffrage. Intercession Service. St. Martin's-in-the-Fields. Preacher, the Lord Bishop of London. 3 p.m.

November 12th.—Royal Sanitary Institute. Sessional Meeting, Town Hall, Ripon. Professor Kenwood, M.B., D.P.H., presiding. 10 a.m.

November 15th.—National Food Reform Association. First of a series of demonstration lectures, for social workers, on "War Time Cookery," by Miss Florence Pitty ("The Pudding Lady"). Westminster Health Society's Offices, 60, Greek Street, Soho, W.C. Syllabus and full particulars from N.F.R.A., 178, St. Stephen's House, Westminster.

November 23rd.—Irish Nurses' Association. Lecture on "Bone Diseases," by Mr. MacAuley. 34, St. Stephen's Green, Dublin. 7.30 p.m.

\*By Mary Roberts Rinchart. (London: Smith & Elder.)



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## L'EXECUZIONE DI MISS CAVELL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As a Red Cross Nurse, and as a Christian woman, I have been waiting to see an explosion of feeling for the abominable way the Huns have treated our fellow-worker, poor Miss Cavell.

Very much occupied and far away, if anything has been done in England it has escaped my notice. If it has, I shall be very glad, as I consider such an act contaminates all humanity, and those capable of it deserve extermination.

I suggest we women should influence our men under arms in this sense, for if two thousand years of contact with civilisation and Christianity have only served to develop (cleverly masked) all that is most devilish in the human character, the sooner they are done away with, as noxious animals, the better it will be for the world.

Yours sincerely,

CONSTANCE GARIBALDI.

Riogredro Prov. di Roma,

October 20th, 1915.

[Signora Garibaldi will have by now read in THE BRITISH JOURNAL OF NURSING (to which she is a subscriber) how poignantly the British nation resents this murder. We learn that it has had a miraculous effect upon recruiting in this Empire, so that sooner or later expiation will have to be made.—ED.]

## THE MURDER OF MISS CAVELL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I can quite appreciate the standpoint of Miss Morton, but this particular case seems to me to place every German and German officer outside the pale of humanity. The German officer was ever to put it in his own disagreeable and bronchitic-sounding language—a *Schweinhund*, but in this war he has proved himself to be vermin of the most cruel and dangerous class. He is impervious to kindness and devoid of those humaner qualities which distinguish man from beast. Nothing could exceed the low brutality of Miss Cavell's murder. She was singled out to suffer merely because she was English, and her fate was characterised by calculated cruelty. The deliberate way in which the American Ambassador was cajoled and tricked by her torturers is unsurpassed in the annals of civilised devilry.

That is why I say and shall continue to say, that no Englishwoman should consent to nurse

a wounded German officer, any more than she should take a bruised viper to her bosom.

Yours faithfully,

59, Queen Anne St., MACLEOD YEARSLEY.  
Cavendish Square, W.

## AN INDEFENSIBLE SYSTEM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I enclose 10s. for the Registration Fund, as we shall badly need Registration after the war, with all these various untrained ladies let loose among the sick. It really makes me ill to see the people parading about in nurse's uniform. I was asked to help at some workrooms lately opened—everyone in a nurse's apron with red cross on it, and Army Sisters' caps, even in the rooms where they were making felt slippers and mending old clothes! Why? Again, why wear nurse's uniform when only doing secretarial work? The excuse is that "I must wear washing things in a hospital." I am constantly being asked to advise my nurse friends to go out to France to work under untrained Superintendents, but I never advise any trained nurse to work under a lay Commandant: it always ends badly.

Yours truly,

LONG EXPERIENCE.

[We are entirely in sympathy with this sensible nurse's views. Trained nurses in the beginning of the war should have protested against the depreciation of their professional position by the present constitution of the Red Cross organisation in so far as trained nursing is concerned. It places the trained and skilled nurse under the authority and direction of the untrained and ignorant woman, and her professional reputation at the mercy of people who are not qualified to judge on the matter. The outrageous treatment of Miss Tubbs by the Executive Committee and Hon. Officers at the Endsleigh Palace Hospital for Officers is the direct result of this vicious system.—ED.]

## OUR PRIZE COMPETITIONS.

November 13th.—What are the symptoms of mental failure, and what is the nursing treatment?

November 20th.—How may nurses and midwives help to diminish the mortality amongst infants, and children under five years of age?

November 27th.—What devices can a nurse employ in caring for a patient suffering from sleeplessness?

## FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed by arrangement with the Hon. Secretary, 60, Nevcrn Square, Earl's Court, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, November 5th, and Monday, November 8th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' general training. Experience in fever nursing is an additional advantage.

# The Midwife.

## THE CENTRAL MIDWIVES BOARD.

A Special Meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Thursday, October 28th, at 11 a.m., for the hearing of the charges alleged against twelve midwives, Sir Francis Champneys presiding.

Eight cases adjourned for judgment were first considered, two on the final reports of the Local Supervising Authorities and six on interim reports. The interim report on Caroline Meredith (No. 12239), Salop, being unsatisfactory, she was struck off the Roll and her certificate cancelled.

The result of the hearing of the charges was as follows:—

*Struck off the Roll and Certificate Cancelled.*—Mehatabel Armour (No. 15039), Gateshead; Eliza Jane Brewer (No. 23971), C.M.B. Examination, Wilts; Harriet Cowling (No. 10578), Somerset; Martha Cross (No. 11149), South Shields; Mary Emma Gordon (No. 19321), Stoke-on-Trent; Charlotte Ann Melhuish (No. 20848), Exeter; Alice Mills (No. 12023), Montgomeryshire; Elizabeth Ann Thomas (No. 20683), Birkenhead.

*Censured.*—Kezia Pierson (No. 19057), Bradford; Agnes Sarah Quinton (No. 10600), L.O.S. Certificate, Warwickshire. In each case the Local Supervising Authority is to be asked to furnish a report in three and six months' time.

*Sentence Postponed.*—Teresa Agnes Duckett (No. 26708), C.M.B. Examination, Blackburn. Report asked for in three and six months' time.

*Judgment Suspended.*—Mary Ann Goodhind (No. 14843), Bath. Report asked for in three and six months' time.

The defended cases were Midwives Goodhind, Quinton, Thomas.

In the case of Mrs. Thomas, Mr. Tuke, the learned Counsel who defended her, was at a distinct disadvantage, as he had only been instructed half an hour previously. The Inspector of Midwives, Birkenhead, and the Health Visitor were present. The first charge alleged in this case was that "the patient suffering from serious rupture of the perineum and other injuries of the soft parts, you did not explain that the case was one in which the attendance of a registered practitioner was required."

The midwife's defence was that the tear was very slight. Dr. Grierson, on the contrary, who saw the patient on the eighth day, being called in owing to her rise of temperature, stated that there was a suppurating tear to within half an inch of the anus, and the patient was suffering from puerperal fever. This was corroborated by Miss Hughes, the Inspector, who was present and who said she examined the patient on the ninth

day, and showed the tear to the midwife, who said she did not know the perineum was torn. There was a great quantity of pus. Counsel, in cross-examining Miss Hughes, was evidently quite prepared to take the line that, as she had not seen the patient at first, she could not say that the laceration might not have been slight at first, but Miss Hughes informed him so decidedly that the laceration must have taken place at the time of the confinement that he did not pursue that argument further.

Miss Carre, the Health Visitor, told the Board that when she saw the patient she had abdominal pain, and informed her that she was so sore she could hardly lie, and had been since her confinement.

Another charge against the midwife was that, though the patient was suffering from puerperal fever, she attended another patient without having undergone the disinfection prescribed by R. E. 5 to the satisfaction of the Local Supervising Authority. The defence in this instance was that the offence was technical as, though she had not notified, she had disinfected herself.

The Chairman observed that the Local Authority had no opportunity of supervising the disinfection.

The inspector informed the Board that in cases of this kind it was her invariable practice to personally see the instruments boiled and the lining of the bag changed.

Another charge against the midwife was that she discontinued her attendance on the tenth day, though the patient was seriously ill. Her defence was that the doctor (Dr. Grierson) who was called in inquired if she were attending any other cases, and being informed that she was, said, "Don't visit here any more; go home and take the necessary precautions."

In commenting on this, the Chairman said the Board thought it a pity that Dr. Grierson had advised her to cease her attendance.

On the Chairman asking the inspector what kind of a character the midwife bore, she replied that since she had been under her inspection she had been unsatisfactory and evaded inspection. She could not see the midwife's books because they were locked up, and the midwife stated that her husband had the key. She had personally instructed her in the administration of the Act.

Mary Ann Goodhind who was present and was defended by her solicitor was charged with neglecting to explain that medical assistance was necessary in a case of Ophthalmia Neonatorum in which the child subsequently lost the sight of one eye. Also with recording the condition of the child on the ninth day as "well."

Dr. W. H. Symons, M.O.H. for the City of Bath, was present with the Health Visitor for the city. When the latter called she advised that medical

help be secured at once. It seems a tragedy indeed that, though there was an eye hospital within 200 yards of the house, no one—relatives, midwife (who is also parish nurse) or health visitor—carried the baby that 200 yards, and when at last taken there, three days after the health visitor's warning, the sight of one eye was irretrievably lost.

One midwife who had to meet, amongst other charges, one of being under the influence of drink on arrival at a case wrote that she had a cocoa supper before going to the case. She didn't know if cocoa smelt of drink. She had had a "lozenger" which she used for shortness of breath. She could tell the child was not turned for the world. She did not require to wash her hands at the case, as she had done so at a former patient's house, and put on her gloves, which were washing ones.

The importance of being present, to watch one's own defence, was exemplified in the case of Miss Sarah Quinton, who was most ably defended by Mr. Wynne Werninck. One of the charges on the indictment was that "The patient, suffering from excessive bleeding at the confinement and continuing to suffer during your attendance on the day of the confinement, you did not explain that the case was one in which the attendance of a registered medical practitioner was required by Rule E 20." The patient subsequently died, and the inference certainly was that this hæmorrhage was a contributing cause, particularly as the husband, in his affidavit, swore that he thought there was something unusual, as the hæmorrhage passed through the bed and floor into the kitchen below.

In an affidavit, the medical man subsequently called in, stated that the patient, when he saw her, was very anæmic and had every appearance of having lost considerably at the confinement, but that both patient and midwife said this was not the case. He further stated that she was suffering from pernicious anæmia.

The learned counsel pointed out that the word "hæmorrhage" in the husband's affidavit was a technical term not likely to be used by him. On the chairman questioning the midwife, she stated that there was no mattress on the bed, or any protection, and that the accident to the kitchen was caused by coloured water.

This incident shows the importance of affidavits being exactly worded.

As a result, the charge—in support of which the husband's evidence would have been damning, if allowed to pass unquestioned—was struck out of the indictment.

The Local Supervising Authority was represented in this case by the Superintendent Inspector (Miss Lowe), and Miss Quinton's Inspector (Mrs. Garside). Another interesting point in this case was that the doctor who attended the patient informed the midwife that the case was not septic, and there was no reason for her to abstain from attending other cases.

Miss Lowe, on the other hand, acting for the L.S.A., notified the midwife to abstain from

attending cases till the inspector had satisfied herself that she was disinfected to the satisfaction of the L.S.A. The nurse thereupon went to the doctor, who telephoned in her presence to the Medical Officer of Health (Dr. Bostock Hill), and informed him that the case was not a septic one. As, however, the midwife had been notified under the rules to abstain from practice, the Board held she should have done so, and so the chairman told her, saying the Board thought it a pity that the medical man concerned took it upon himself to absolve her from observing the rules of the Board. He further told her that the Local Supervising Authority was her master, and she must work with it and not against it.

### THE CARE OF THE NEW-BORN CHILD.

Dr. Eric Pritchard delivered a lecture on the above subject, at the Royal Society of Medicine, on Tuesday, November 2nd. He said that the first weeks of a child's life were, in his opinion, the most important.

Early formation of good habits could not too strongly be insisted upon. Swallowing was not altogether strange to the newly-born, for in utero, they swallowed a certain amount of amniotic fluid, sometimes in large quantities; it was, therefore, important that they should at once be put to the breast, before they had a chance of forgetting this function.

He advocated regular three-hour feeding from the very first, this interval to continue during the whole period of suckling, with an interval of six hours at night, so as to continue the rhythm. The other function of excretion would follow regularly as a consequence. Sucking, swallowing, digestion, excretion, were a continuous series of events that could only be obtained satisfactorily, if the feeding were absolutely regular.

The colostrum was obtained in drops or teaspoonsful, and therefore to administer an ounce of cow's milk at intervals during the first few days was to condemn the child to death. Another very important point was to keep the newly-born infant very warm. In his—the lecturer's—opinion it could not be too warm. In the uterus, it had always been maintained at a temperature of 98 degs., and the temperature of a well-regulated nursery should be 64 degs. This was therefore a drop of over thirty degrees. He advocated a very warm room at first, the temperature of which should be very gradually lowered, so that every day the infant should undergo a little experience. On the same principle, given a sensible mother and nurse and a healthy child, cold bathing should be introduced, *i.e.*, the temperature of the bath reduced by very gradual degrees and intervals. He guaranteed that no draught on earth could give a child cold that had become accustomed to this habit.

The London County Council (General Powers) Bill, which provides for the registration of massage houses and lying-in homes, has received the Royal Assent.

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## EDITORIAL.

### "THE PATIENT PASSIVE POOR."

Every trained nurse at the present time has the impulse, whether or not she has the opportunity, to care for our sick and wounded soldiers, and, preferably, for the wounded at the Front, and the impulse is natural and praiseworthy in those who have the knowledge, experience, and qualifications for this work.

But the nursing profession is, before all else, a disciplined and responsible body of workers, and, as such, has to remember its obligations to the sick as a whole, and not only to one section, and that a section honoured of all; the heroic soldiers—our own and those of our Allies—whom every nurse would willingly serve. "This ought ye to have done and not to have left the other undone."

As it is certain that the British Empire can at present provide as many trained nurses as are needed for our sick and wounded troops, let us consider for a moment what is left undone.

We hear, on all sides, of Boards of Guardians unable to secure nurses to fill vacancies in poor law infirmaries, of district nursing associations with depleted staffs.

Granted that the nursing profession must feel the strain of the large amount of extra work thrown upon it just now, can we honestly say that the needs of the poor have due weight with its individual members?—and it is individuals who make up the profession as a whole.

The "patient passive poor" will make no outcry if their needs are uncared for. They are too busily engaged in the battle of life, and they expect so little. But we, who know what can be done for the prevention of disease, and for the alleviation of suffering by trained nurses, know how they will suffer if the nursing service is restricted.

There a mother, on whom the welfare of the husband and children depends, will succumb to an illness which need not prove mortal if only skilled nursing is available.

There a bread winner will die in the prime of life. And the babies—fragile from birth owing to the strain their mothers have undergone, and the strenuous conditions under which they enter upon life—will wilt and die; because the trained nurse who could have tided them over a critical time is not available.

The heroic figure of the British soldier looms large in the foreground just now, but he should not obscure, and he himself would be the last to wish to obscure, the claims of those others in the background of the picture.

We cannot absolve ourselves from responsibility unless, undazzled by the glamour of war service, we have done all in our power to meet the normal demands upon our profession, remembering moreover that in times of hardship and stress those demands are likely to be greater, not less, than in times of peace. Because the poor are inarticulate we who are aware of their need may not put it on one side; it should indeed, for that very reason, have a stronger claim upon us. It needs no effort of imagination to visualize the poverty-stricken homes, and the comfortless condition of the sick.

Our eyes have too often seen it, our hands have evolved order out of chaos, and left the room in nursing order, and the patient on the way to recovery. It makes an appeal insistent and strong to which it is incumbent on each one of us to respond.

To the amateur the dressing of wounds appears to be the important part of nursing. The trained nurse, while doing her work in this direction with scientific accuracy and thoroughness, knows well that her success is measured also by the conscientious care which she gives to medical cases which need all the skill at her command.



## OUR PRIZE COMPETITION.

### WHAT ARE THE SYMPTOMS OF MENTAL FAILURE, AND WHAT IS THE NURSING TREATMENT?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Terrace, Edinburgh.

#### PRIZE PAPER.

The symptoms of mental failure are manifested by the disturbance and alteration in habit of the functions of one or several or the whole of the cerebral organs. This may be brought about by many causes, chiefly by accident, shock of fear and emotion, from a weakened condition of the brain from fever, loss of blood, starvation, excessive worry or such debilitating cause.

The condition may also be temporary or progressive in character. One of the first symptoms is want of concentration, confusion of thought, and impairment of memory; the nervous irritability is often seen in a person of gentle, pleasant manners becoming fault-finding, difficult to please, and saying rude, unkind things; this state is often intensified when the person, aware that his self-control is slipping from him, vainly endeavours to retain a grip of himself. This is often the case where the cause is excessive mental strain and exhaustion. Sleeplessness, loss of appetite, and constipation are present, and the patient may be unusually active, walking up and down ceaselessly, taking up work feverishly for a few moments at a time; or in the opposite direction, when the patient may remain perfectly inert, with a great objection to be moved or bothered with any attentions.

The patient may complain of local pain, confined to one part of the head, with a feeling of confusion, weight, or constriction. Noises in the ears, with dullness in hearing, peculiar expression of the eye, and sudden giddiness are usually noted, smell and taste being impaired also.

Gastric derangement is nearly always present, making the patient restless, irritable, and depressed; there is want of appetite, bad taste in the mouth; nausea, flatulence, and discomfort after taking food; there is usually constipation also. Any other organ which is naturally weak or predisposed to unhealthy action may be deranged, due to a secondary irritation of the nervous system from the brain condition. The nervous sensations may be abnormal, the patient having diminished sensibility to cold or heat, or too acute perception of ordinary outside stimulus, or may imagine things, such as insects, crawling about over the skin.

There may be morbid sensation of the mind proper, such as perversion of affection to relations, different ideals in thinking to those usually held, and altogether false perceptions.

Treatment is both remedial and preventive, the aim being to restore, as far as possible, the impaired condition while keeping the unimpaired parts in a sound and healthy state of activity. The patient may be treated at home, in a special rest-cure home, or by travelling and change of scene. If at home, the nurse should have sole control of all matters relating to the patient, the medical attendant prescribing the scheme of treatment, which varies with each individual case. Perseverance in all details is essential, and this the stranger nurse is able to urge without the anxious discouraging effort of the relations, though in some cases good friends of cheerful and encouraging disposition may be very helpful at times if regarded by the patient with affection and respect.

Open-air treatment is invaluable, the patient requiring abundance of oxygen, light, and sunshine, which has a soothing and vitalizing effect, and is a great aid in combating sleeplessness, drugs such as veronal may be ordered for a time. Regularity of all body functions must be established, a sponge bath given twice a day, and massage or electrical treatment may be ordered. Food should be given about every three hours, the most nourishing and easily assimilated where there is indigestion. Whenever possible the patient's tastes may be consulted. There is usually a great deal of trouble with regard to feeding, in spite of all efforts to make dainty and attractive meals, and the nurse requires to exercise much patience and firm persuasion to get the necessary amount taken.

The patient should be treated as rationally as possible, and encouraged to enjoy some congenial occupation or game of recreation. Some are physically energetic, and require to walk, perhaps, two hours daily at a stretch in order to settle down later to rest. If the nurse has a knowledge of natural history and open-air life, the patient can be interested and benefit his mental faculties.

In moving a mental patient the nurse should leave nothing unguarded which might harm the patient; a disturbed brain function may cause a patient to act on sudden impulse, which may result from a bad dream or fancy. All drugs should be under lock and key, lethal weapons out of reach, and if any peculiar symptoms are observed, they should be reported to the doctor in charge, and guarded against by unobtrusive means.

## HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine, Miss Lucy C. Cooper, Miss Mary Mackenzie, Miss Edith Sanderson.

## QUESTION FOR NEXT WEEK.

How may nurses and midwives help to diminish the mortality amongst infants and children under five years of age?

## THE CHILD.

### THE CARE OF THE CHILDREN THE FIRST WORK OF THE NATION. III.

In a previous article I dwelt on the subject of the direct infection of children by parents and other adults, suffering from phthisis, living in their own homes.

In cases of phthisis in children, generally speaking, it is found on examination that the bacillus is of human origin.

Now let us turn to surgical tuberculosis. Here the case is quite different, for in the *milk-drinking period of childhood* practically every child suffering from surgical tuberculosis is found to be infected by the bovine type of germ; it will therefore at once appear that these cases are entirely preventable.

From the tuberculosis health visitor's point of view—and remember she deals with the patient's home—these cases are among the most hopeless, unless it is found possible to get the child at once removed to some hospital or institution where the patient will receive continuous care and treatment over a space of two, three, or four years, maybe longer. Treatment in hospital for a few weeks and a return to the same surroundings is worse than useless: it is money thrown away. At home in a workman's cottage or in a city slum, proper treatment, rest, fresh air, and nourishing food are usually unobtainable. And where are the hospitals for surgical tuberculosis to be found? They are indeed few and far between.

Here, then, are two conclusions: surgical tuberculosis is mainly due to infected milk, and therefore preventable; treatment over a space of years is necessary for patients so affected, in hospitals or homes suitable for the purpose.

At once it will be evident that more care should be taken to ensure an adequate supply of pure milk for the people, and that there should be both municipal and county hospitals, where cases of surgical tuberculosis could be treated in its earliest stages, when, we are told, 90 per cent. might be cured.

In the year 1907 the deaths which occurred from all forms of tuberculosis, including consumption, numbered 56,101, of which more than 10,000 were in children under five years of age. When we remember that about 75 per cent. of children suffering from the tubercle bacillus are found to be surgical cases, the need of such special hospitals throughout our country will be more fully realised.

From the educational point of view this is also evident. These children should not be allowed, even if physically able, to attend ordinary schools, especially where these schools are of the old-fashioned barrack-room type; yet they need to be regularly instructed, if in after-life they are to become useful citizens.

In a properly equipped hospital, where the children are in residence, they can receive regular tuition by appointed teachers, under the educational authorities, at stated hours. Where this has been done, good results have been obtained. In many instances school can be carried on in the open air.

Milk and meat form the two principal means of the spread of tuberculosis by the bovine type of germ, yet we hear conclusively, on the evidence of experts, that no proper supervision exists for byres and dairies in cities, country towns, and especially in country districts, from which large quantities of milk are daily sent, by rail and road, to London and our provincial cities.

A startling feature of surgical tuberculosis is this: it has been found that very many of the patients come from country districts, where one would expect the children to be in better air and healthier surroundings. The question of infected milk will answer this piece of evidence, for in the country children are more likely to have nature's own food; in the cities this is often impossible, from the higher prices obtaining, and the poor housewife instead buys condensed milk of foreign manufacture preserved in tins.

It is not generally understood that a cow in apparently good health may give infected milk, while "The milk of cows with tuberculosis of the udder possesses a virulence which can only be described as extraordinary" (Report of the late Royal Commission). How, then, are the children to escape, for only a continuous system of public analysis appears to meet the need?

Institute without delay a public system of sterilization of all milk retailed to the people, and we come at once within a reasonable distance of the solution to the question. It has been proved that raising the heat of infected milk to boiling point (212° F.) renders it perfectly harmless, and to this end the public are

instructed from many sources—visitors, literature, and popular lectures, &c. Yet cases of surgical tuberculosis are just as frequently met with, and the ignorance and apathy of public attention on the point does not cease to exist.

Just at this time, when the mind of this country is so full of the thought of war—of men, munitions, hospitals, transit, &c.—it may seem that this present paper is inopportune, that this question might be allowed for the moment to slide.

In a former article bearing on "The Child" I pleaded for a wider patriotism. A little further thought will prove that this is the most important time for us one and all to preserve the children of the nation.

In a speech recently made in the Houses of Parliament we learnt that our casualty list up to the present numbered 493,294; up to the present, mark you—we are not at the end yet. Before this war is over we shall see the nation depleted of many more of her sons.

Meanwhile, 10,000 little lives are being sacrificed no less surely annually to the great white plague, and England will have need of her sons and daughters to maintain her place in the world, and to fulfil her mighty destiny.

Furthermore, in the heart of every man and woman at the present moment burns the pure flame of patriotism.

Those who are young and fit have shouldered a knapsack and are away, filling our trenches, drilling and route marching to form a new army with which to conquer, and maybe to die.

Women of all ages and ranks are nursing and knitting, and seeking useful work in one sphere or another, often with anxious and aching hearts.

Well, here is work for one and all—to *conserve the child life of the nation*. Let the scheme go forward without hindrance or fail. England will need her 10,000 little lives in this and in the years to come.

Many hospitals are coming into being for our wounded warriors that by and by could be utilized for tubercular cases at a very reduced expenditure. Is it not a past military hospital, the aftermath of the South African War, at Alton, Hants, that is being used as a pioneer institution of the type so greatly needed in every city and county in our land?

When the reign of peace arrives, "the care of its children will again be the first work of the nation," and meanwhile it is work that must not be neglected. Let me commend it to the present care of those patriots who have to remain at home.

M. SUTTON.

## TO AID THE WOUNDED IN WAR.

### TWELVE COMMANDMENTS TO AVOID CRIPPLING OF WOUNDED SOLDIERS.

Professor Ritsch, of Freiburg, has recently issued a set of rules for guidance of German surgeons in attendance on the wounded at the front. These rules, posted in all hospitals in Germany, are practical, and may as well be used for the benefit of our own wounded:—

1. Remember that rest of joints (stiffness) and muscles (atrophy and weakness) is harmful.

2. Do not depend on orthopedic mechanical after-treatment, but attempt to avoid it by your results. In severe cases, however, refer your patient to mechano-therapy as early as possible, in order to save time, trouble, and money.

3. Avoid keeping joints in one position; move them as soon as the fracture is healed (change angle of joints; use passive motion).

4. Attempt to retain the valued power of the muscles by the very early use of massage, electricity, and active movements, both with and without resistance, performed under your supervision.

5. Remember that extensors atrophy much more rapidly than flexors. Above all, try to keep the deltoid and the quadriceps femoris intact, as the arm and leg without them are of little use.

6. If on account of severe injury to soft parts prolonged immobilization becomes necessary, place the joints in a position in which, if ankylosed, they will be most useful:—

Shoulder: In the position afforded by an ordinary sling.

Elbow: At a right angle.

Forearm: In pronation.

Wrist: Over-extended as in writing, or as in clenching the fist.

Fingers: Slightly flexed.

Hip: Slightly flexed and abducted.

Knee: Slightly flexed.

Ankle: About at right angle and slightly rotated inward.

7. Avoid allowing the wrist to fall into continued flexion when the arm is carried in a sling, since, if permanent, tight closure of the fingers is prevented.

8. Keep fingers limber. Don't over-bandage them, and don't forget to tell the patient to keep them in motion. If possible, retain some sort of grasping organ (Greifzange), for an artificial hand is insensible.

9. Stimulate circulation, especially in individuals confined to bed, by means of movement of the limbs and by deep breathing; for in-

creased blood supply stimulates internal organs and increases their regenerative capacity.

10. Remove extravasated blood as soon as possible (elevation, massage, heat, hydrotherapy), for coagulated blood causes irritation, leading to adhesions, and when present in large amount to fibrous bands. The latter, however, cannot, as a rule, be entirely removed. Remember that the absorption of blood and lymph is most impeded in the distal parts of the limbs, and that the spontaneous absorption in this location must always be supplemented by artificial means.

11. Do not consider it below your dignity, in doubtful cases and in cases where your own technical ability is insufficient, to call in a more experienced practitioner, for by this means not only do you increase your knowledge, but the patient is benefited.

12. Don't neglect mechanics, for our body is a mechanical marvel. Only that person is fitted to repair a complicated machine who understands its mechanism and who is himself a good mechanic.

### FRENCH HOMAGE TO ENGLISH HEROINE.

Mlle. Clément, Surveillante Générale of the Nursing College of the Salpêtrière, Paris, writes that the *Administration Publique* are very desirous of responding as soon as possible to the wishes of the pupils concerning the memorial to Miss Edith Cavell. We reported last week that the proposal was to name the beautiful Lecture Theatre in the School after the dead heroine.

The Supervisory Charitable Board, under the presidency of M. Paul Strauss, Senator, acting in the name of 5,000 nurses belonging to the hospitals and infirmaries of Paris, has passed a resolution associating itself with the universal indignation caused by the murder of Miss Cavell.

The League of the Rights of Man is organising a great demonstration, to be held at the Trocadero Palace in Paris, on November 28th, in honour of the late Miss Edith Cavell. M. Painleve, who will preside at the gathering, has expressed the opinion that the proud and sublime figure of Edith Cavell stood out from the sombre horrors of this war as a living image of outraged humanity. The Rector of the Academy of Paris has ordered the professors of the various schools to relate and comment upon to their students the story of this heroic martyr and noble victim.

### NURSING AND THE WAR.

No one could sit near the nurses under the dome in St. Paul's Cathedral at the Cavell Memorial Service without realising the strain to which the members of the Military Nursing Services have been subjected during the past year. Very weary most of them looked, but resolute and professional in appearance. As a Government official remarked outside the Cathedral, "Uniform or no, you can tell the trained nurse by the steadfast look in her eyes and the curve of her mouth."

There has been a generous response to the appeal made by the National Union of Trained Nurses for clothing for Polish refugees. The Secretary of the Union has received 197 articles of warm clothing for men, women, and children, which have been sent out by the last boat of the season, via Archangel to Petrograd, to be distributed from there to districts where the need is greatest. There will, however, be more supplies sent through other channels shortly, so that any further gifts will be gratefully received and acknowledged by the Secretary, National Union of Nurses, 46, Marsham Street, Westminster, S.W.

At the meeting of the Acton Council Public Health Committee, when the Matron, Miss H. A. Amos, reported that Sister Webb, who has been a member of the staff for the last twelve years, was leaving to join the Anglo-Russian Hospital Unit as Senior Sister, Councillor Boissonade moved the following resolution, which was carried unanimously: "That this committee desires to express its appreciation of Sister Webb's twelve years' service to the hospital, and its appreciation of the patriotism which sends her to nurse the Russian wounded. It also hopes that at the end of the War, when her services are dispensed with, it may welcome her back to her present position."

*La Baïonnette* of Paris has some good-natured pictorial skits on the nursing "craze." One picture depicts an unfortunate invalid surrounded by six syrens in Red Cross uniform. One is combing his hair on end, one reads *Le Journal*, a third is spoon-feeding him, another manicuring his nails, a fifth massaging his toes, and the sixth arranging flowers. The unfortunate wounded soldier exclaims: "And they told me that I would get a rest in hospital!"

The *Sheffield Daily Telegraph* is not very kind to the "Society" nurse in the following "par.": "A number of the Society girls who, earlier in the War, deserted homes in Mayfair and Belgravia for hospital wards seem to have tired of the discipline there and returned to their old pursuits. Lunch time sees them in their accustomed places at the Carlton grill room or the Ritz, and a brief experience of the nurse's uniform seems to have



given a fresh zest to their delight of airing the latest thing in pill-box turbans, side-lacing boots and abbreviated skirts.

"Both the ultra-fashionable raiment and lunch in Piccadilly are recognised sacrifices to be made by all those who devote themselves to the flag-selling branch of philanthropy, and a good many Society 'nurses' are turning their energies in that direction, not altogether to the regret of the professional nurse and her patients."

More than one war correspondent of the Allies, describing the Serbian retreat, refers to Mrs. St. Clair Stobart. The *Daily Telegraph* correspondent says: "We drive into the column that precedes the retreat of the troops. It is led by the field ambulances. At the head of the Anglo-Serbian section rides an Englishwoman—Mrs. Stobart. She makes a conspicuous figure riding her black horse astride, after man's fashion, calm and imperturbable. In the ambulance cars lie the wounded whose state did not permit their removal to base hospitals, but who have now, perforce, to face the ordeal of transportation, or fall into the hands of the invader. In her working kit, as seen in our illustration, she appears fully competent to lead the column of wounded to safety. But we regret to learn that it is probable that for the second time Mrs. St. Clair Stobart has been taken prisoner by the Germans."

The Joint War Committee of the British Red Cross Society and the Order of St. John of Jerusalem consider it practically certain that five or six units engaged in Red Cross work in Northern Serbia have been taken prisoners including Lady Paget's unit and Mrs. St. Clair Stobart's.

Dr. Elsie Inglis, of the Scottish Women's Hospitals, has telegraphed from Kragujevatz, "All Well," and a similarly reassuring message has been sent by Dr. Alice Hutchison from Ushitze.

Miss Ruby Loch, daughter of the late Colonel William Loch, who has received training at the Fulham Infirmary, the Sussex County Hospital, Brighton, and the Brighton Hospital for Women,

and is a certified midwife has just returned from Serbia where she was working with the 2nd British Farmers' Unit. Miss Loch was in Belgrade during the bombardment, when the wounded poured into the hospital, but would only stay just long enough to get their wounds dressed, so anxious were they to get back into the fighting line. On the night of October 6th Miss Loch was hit on the head by a piece of shell which burst through the hospital window. The hospital had to be evacuated shortly afterwards and the staff taking their patients but leaving their stores moved into new premises, but these also had to be evacuated later and the patients taken to the American Hospital. Then the unit walked for fourteen miles before arriving at the nearest point at which a train was obtainable. As they were leaving Belgrade and turned the corner of the street in which the hospital was situated the leading German troops appeared at the other end. On their long walk southward they



MRS. ST. CLAIR STOBART.  
Organizer of a British Hospital at Kragujevatz, and her beautiful mount on the retreat.

were accompanied by large numbers of refugees, for the most part too exhausted to think, but driven on by sheer terror. Eventually they arrived at Mlavanavatz where they stayed for a few days at the Scottish Women's Hospital, and then Miss Loch was invalided home, but her desire is

quickly as possible to Serbia where there is urgent need of workers.

The hospital at Mlavanavatz has since been evacuated, but it is believed that the Austrian prisoners who are acting as orderlies will provide the necessary protection.

In view of the fact that the present influx of refugees into the towns may, it is feared, result in another epidemic of typhus, it is interesting to recall the work done at the typhus hospital at Skoplje (better known as Uskub), in the early months of the present year. The work has been described by Lady Paget in an interesting report, "With Our Serbian Allies," published by the Serbian Relief Fund; and we are indebted to its Chairman, Mr. Bertram Christian, for the accompanying illustrations. When two blocks of buildings were handed over to the representatives of the Fund, about February 26th, there were cases of typhus in every ward of the hospital, spreading infection right and left. But the stables where the Austrian prisoners were quartered were the greatest danger. "At the entrance," Lady Paget writes, "we had to step through pools of filthy water which collected in the holes of the mud floor, and all along the sides; and down the middle wretched figures in foul old uniforms were huddled together on dirty straw. Many

were lying hidden under great coats—some shuddering, some quite still. As we lifted the coats, to look under, we found six dead bodies in a single building and no one to carry them away."

The deaths in the hospital were then from thirty to forty a day; with good nursing not a single death occurred for three days, and the Serbian authorities

rang up to know why the hospital had stopped sending in the daily return of deaths.

While the Hon. W. D. S. MacDonald was in Gisborne, New Zealand, a deputation of natives waited upon him to ask that the Government accept the services of native girls to assist in nursing Maori soldiers at the Front. Lady Carroll and others supported the request. Mr.

Macdonald, in reply, said that it was gratifying to him, and to the Government generally, to notice the keen interest the native race was taking in the War. They were proud of the way the natives had come forward to offer men, money and food. The Maori people

had done credit to their ancestors and the people of New Zealand. He keenly appreciated their desire to send nurses to the Front, and so far as he possibly could he would try and get the request acceded to. In this matter, of course, the Government had to listen to those in authority; but he would place the request before the responsible Minister.



THE TYPHUS HOSPITAL, SKOPLJE (USKUB).



INTERIOR OF TYPHUS HOSPITAL, SKOPLJE.

## FRENCH FLAG NURSING CORPS.

The following Sisters will leave for France on Saturday, November 13th:—Miss J. Torrance Ramsay, cert. Montreal Hospital, Superintendent of Nurses, Columbia Hospital, S. Carolina; Miss Alice C. Morgan, cert. Bethnal Green Infirmary, Assist. Matron, Selly Oak Infirmary, Birmingham; Miss Edythe Hayes, cert. West Ham Infirmary, Sister, County of London War Hospital; Miss Rachel W. Kirkland, cert. Clayton Hospital, Wakefield, Sister, County of London War Hospital; Miss Margaret F. Nichol, cert. Galloway Royal Infirmary, Dumfries; Miss Edith D. Burgess, cert. Edmonton Infirmary, British Farmers' Hospital, Belgrade, Serbia; Miss Florence Shoreing, cert. Hillingdon and Middlesex Infirmary, British Farmers' Hospital, Belgrade, Serbia; Miss Margaret T. Fotheringham, cert. Leith General Hospital, Scottish Women's Hospital, Kragujevatz, Serbia.

Miss Ellison has recently made a tour to the front and our pictures show her leaving Port-à-Binson in the Government car, and as the guest of the famous Sister Julie, and members of the Society of Friends at the Hospice in Gerbéviller, so terribly bombed by the Germans, and now a mass of ruins. Miss Ellison was most honourably received by the medical officers where the F.F.N.C. Sisters are at work, and luncheons were given in her honour. Also accompanied by the Matron-in-Chief, Miss Haswell, she recently motored on business to Evreux, Lisieux and Rouen; in the latter city they were the guests of the head of the Service de Santé of the 3rd Region.

We have to thank Mrs. Ellison, Miss Ellison's mother, for a cheque for £10 2s. 6d.; Mrs. Gill, the mother of Sister Gill for £6 10s.; and Mrs. Alex. Holmes, a friend in Malekine of Sister Horan, for £6 10s. 6d. It gives the Committee special pleasure that the friends of the Sisters help to support the work to which they bring so much devotion.

From all the Sisters come requests for ward and warm comforts for their patients. They are now working in 17 hospitals. We have pleasure in announcing that Miss H. Hawkins, herself an experienced nurse and P.L.G., has kindly consented to sort and pack hospital clothing and comforts for the French sick and wounded soldiers, addressed to Mrs. Bedford Fenwick, 431, Oxford Street, London, W. This week large bales have been sent off through the kindness of the *Croix Rouge Française de Londres*, and each week we hope to be able to supply gifts. We greatly need socks, flannel shirts, pyjamas, mufflers, mittens, knitted waistcoats, dressing gowns and hot water bottles. Monkey Brand and Vim are also most gratefully received.

Gifts in kind are equally welcome and benefit the patients. The French Red Cross Fund in

Hobart, has through the kind offices of Mrs. Cardew of Paris, shipped a most magnificent gift of hospital requirements and medical stores to the F.F.N.C. in Paris, consisting of flannel, slippers, scarves, socks, mittens, towels, handkerchiefs, shirts, caps, pillow cases, pencils, envelopes, writing paper, books, postcards, playing cards, writing pads, bandages, thermometers, lint, cotton wool, old linen, butter muslin, safety pins, adhesive plaster, sponges, face washers, tooth paste, periscopes, marmite, cocoa, sweets, Bovril, marmalade, coffee essence, cornflour, biscuits, soap, shaving soap, tea, Lifebuoy soap, tobacco, cigarettes, condensed milk, Sunlight soap, camphor, and Benger's food. Immense quantities of each item have been consigned, and it sounds like a shop having to be set up at Headquarters. Everything will be welcome, we have no doubt, and can easily be disposed of.

A Sister writes:—"We have had the biggest rush we have had yet. On the 23rd October, 277 men, suffering from poisoned gas were admitted after a few hours' notice. It was quite the worst experience we have had during the months we have been here. Nothing can describe the scene, one must be there to realise the horror of seeing men in the pitiable condition they were in, all more or less fighting for breath, with faces blue, and eyes staring out of their heads, some begging to be put out of their agony. Unfortunately the journey in the motor ambulances had proved too much for some of them, and they were either found dead in the ambulances or died before they could be put to bed. As the stretchers kept coming in one after another we could but take them for treatment as they came in and see to the worst cases. We lost fifteen the first night, and ten the next and gradually the number was increased to twenty-four. There are still many in a critical condition. It has been a most sad and trying experience—may the world be saved from Germany and her Kultur! The American Relief Society came to our aid splendidly, and made the ambulance a magnificent present of 50 blankets, 50 quilts, and they have since sent us a large bale of comforts and dressings, large numbers of socks, flannel shirts, pyjamas, all of which we very sorely needed, as all the asphyxiated men lost all they possessed, having left all their change of clothing on the battle field, and the ambulance does not provide clothing except what we have through the kindness of friends, but unfortunately, our stock was short and we could not run to sufficient socks and shirts for all, so that some of the men who left us three days ago went without socks and in just summer shirts. Contributions of warm clothing are still badly needed here and will be most gratefully received. As there are not so many ambulances along this front this winter as last, there is likelihood of more work."

A great deal of "heart" had been put into the Massage Clinique at the Ecole Professionnelle Evreux, by the Sisters working there, and when

it became known that the Ecole was to be endowed by some philanthropic French ladies for soldiers incapacitated by the War (it is now

but the soldiers are much better housed and fed here, and the place better organised. Everyone to us, and we feel massage is really needed. There are about 300 patients, so you may imagine we have plenty of work, which is nice. We are all very happy in our new quarters."

#### THE TSARITSA'S THANKS.

Count Rostovtsov, secretary to the Tsaritsa, has sent a telegram of thanks to the Committee of the Russian Flag Day, in which it is stated, "Your telegram placing at the disposal of the Empress Alexandra Feodorowna the fourth instalment of the contributions of the Russian Flag Day towards the fund for wounded soldiers in the sum of 142,000 roubles has given much satisfaction to her Imperial Majesty. I am commanded by her Majesty to ask you kindly to accept and to convey to all the members of the committee her Majesty's heartfelt thanks for the great financial success which has accompanied the efforts of all the workers in the movement. The generous response of the British public to your appeal on behalf of the wounded soldiers of England's Ally has deeply touched her Majesty."



MISS ELLISON LEAVING PORT-A-BINSON.

known as a "Reformé") there was naturally some regret at closing the Clinique, though pleasure that the poor limbless men were to have a home, and it was terrible, a Sister writes, to see their arrival, every one with the loss of a leg or arm. All the massage patients were transferred to Trouville and Cabourg, two of the four newly installed convalescent and massage depôts, and Sisters Smith, Fraser, and Miss Nevill-Parker have been placed on duty at Cabourg. The establishment is arranged in a beautiful hotel, the baths and hot air and electric and massage apparatus having been installed before the War. The Sisters are therefore working under much more advantageous circumstances, but, as the Sister continues, "You may imagine it was a great blow to have to leave Evreux. We so loved our work in spite of hardships; we felt it was real pioneer work;



MISS ELLISON, A GUEST OF SISTER JULIE AT GERBÉVILLER.



## JOINT WAR COMMITTEE.

The Ladies' Committee, of which the Queen is President, are now again holding monthly meetings at St. John's Gate, and the interesting arrangement by which reports of special work done in connection with the War, are reported by those taking an active part in them continues.

Last week Lady Perrott spoke of her visit to the hospitals in France, in which the Joint War Committee are interested, going first to Etaples, where she was much thrilled to see the Flag of the Order of St. John waving over the Brigade Hospital, which is beautifully arranged in huts. Careful thought has been given to the arrangements, and specially practical are the raised paths and covered ways leading from the central corridor to all sections, so that a patient can be wheeled from place to place without incurring a chill. Opening from the central corridor are a splendid recreation room for the patients, good nurses' quarters, other scientific and domestic sections, and a fine operating theatre at the top.

Lady Perrott remained some days and was placed on duty in one of the wards. She reported that the Sisters were most kind to the V.A.D. workers, and the latter were greatly appreciated by the Matron. No servants are kept for the nurses' quarters, as the V.A.D.'s for a month each do all the domestic work before being placed on duty in the wards as probationers.

Lady Perrott also visited many other hospitals at Etaples, Le Touquet, and Rouen.

The Duchess of Somerset moved that a memorial tablet should be placed in the crypt of the Priory Church of St. John, in memory of the late Sir Claude Macdonald, whose work at "the Gate" was so greatly appreciated. This was unanimously approved.

Mrs. Pope Hennessy gave a most interesting report of the Work for Prisoners of War, which proved how invaluable were the tireless and successful efforts of her society to come into touch with the living and trace the dead. Some letters were read from German doctors, evidently humane men, which proved they had done their best to relieve the suffering of sick and wounded prisoners in life, and reverence their remains in death.

The Warehouse report by Lady Jekyll showed the vast dimensions of this department, which can dispose to advantage of a never-ending supply of hospital comforts. Great-coats and hot-water bottles are urgently needed before the very cold weather sets in.

## DEPUTED TO HOME DUTY.

The following Sisters have been deputed to duty in Home Hospitals:—

*Lindwood Hospital, Barnsley.*—Miss M. C. Barrett.

*Hollyn Hall, Wylam-on-Tyne.*—Mrs. N. C. Barton, Miss J. M. Jones, Miss E. Gray.

*St. Paul's Institute, Burton-on-Trent.*—Miss Roulston.

*Hill House Hospital, Lower Bourne, Farnham.*—Miss E. A. Hopwood, Miss Dunbabin.

*Mill Dam, South Shields.*—Miss A. Moses.

*18, Cadogan Gardens, S.W.*—Miss M. Cameron.  
*Rhydd Court Hospital, Hanley Castle, Worcester.*—Miss R. Northcote.

*Auxiliary Military Hospital, Hardwick Mount, Buxton.*—Miss E. Ward.

*Stoodley Knowle, Torquay.*—Mrs. Dale.

*Hoole Bank Hospital, Chester.*—Mrs. Whitaker, Miss McGrath, Miss A. Revell.

*Red Cross Hospital, West Ham House, Basingstoke.*—Miss Mead, Miss Wheeler.

*Yarrow Military Hospital, Broadstairs.*—Miss Bennett Jones.

*Red Cross Hospital, Weir House, Balham.*—Miss E. M. Smith, Miss A. Hansson.

*Copse Hill, Upper Slaughter, Glos.*—Miss M. J. Ratray.

*Red Cross Hospital, 3, Granville Road, Eastbourne.*—Miss K. B. Waters.

*V.A.D. Hospital, St. Anne's Hall, Caversham, Reading.*—Miss E. C. Glanville.

*V.A.D. Hospital, Mortimer, Bucks.*—Mrs. H. Day.

*Arley King's Red Cross Hospital, Stourport.*—Miss J. Hansen.

*Red Cross Hospital, Treeford Hall, Lichfield.*—Miss M. Lane.

*Red Cross Hospital, Attleborough, Norfolk.*—Miss M. E. Pryce.

*V.A.D. Hospital, Southborough, Tunbridge Wells.*—Miss C. L. R. Dawson.

*Soldiers' Hospital, Royston, Herts.*—Miss B. A. Brewin.

*V.A.D. Hospital, Town Hall, Torquay.*—Miss A. Murray.

*V.A.D. Hospital, Albion House, Newbury, Berks.*—Miss E. Conolly.

*V.A.D. Hospital, Waterlooville, Hants.*—Miss D. S. Cox.

*Auxiliary Military Hospital, Moor Park, Preston.*—Miss F. M. Johnston.

*V.A.D. Hospital, Great Hermitage, Higham, nr. Rochester.*—Miss D. Gear.

*Maitland Road Auxiliary Hospital, Reading.*—Miss S. M. Haswell.

*44, Lordswood Road, Harborne, Wores.*—Miss E. Smith.

*Dane John Hospital, Canterbury.*—Mrs. Waterhouse.

*Wicklow Lodge, Military Hospital, Melton Mowbray.*—Miss C. Theophilus.

*Red Cross Hospital, Old Mansion House, Cardiff.*—Miss L. M. Morgan.

*Moor Hill, Hindhurst, Surrey.*—Miss S. M. Francis.

*V.A.D. Hospital, Daybrook, Notts.*—Miss A. Jackson.

*Theydon Towers Hospital, Theydon Bois, Epping.*—Mrs. E. Ricketts.

*Beckett Hospital, Barnsley.*—Miss E. M. Platt.

*V.A.D. Hospital, Walcot, Kentbury.*—Mrs. Chiver.

*Gostwycke Hospital, Colchester.*—Miss A. Pell.

V.A.D. Hospital, Rickmansworth.—Miss A. L. Locke.

V.A.D. Hospital, Rosherville, Gravesend.—Miss F. E. Varney.

Red Cross Hospital, Wymondham, Norfolk.  
Miss M. Wallace.

Milton Hill, Stevenon, Berks.—Mrs. France.

V.A.D. Hospital, Maldon, Essex.—Miss M. M. Doyle.

Elwell Sea, Upwey, Dorset.—Miss M. MacAndrew.

Stoodley Knowle, Torquay.—Miss J. H. Lewen.  
Military Hospital, The Convent, Rye.—Miss

A. M. Boycott.

V.A.D. Hospital, Normanhurst, West Hartlepool.  
—Miss E. A. Brunt.

Clandon Park, Guildford.—Miss L. R. Clarke,  
Miss O. Tucker, Miss M. P. Haine, and Miss M. F. James.

Budworth Hall, Ongar, Essex.—Miss G. Evans.

The Park, Birchington, Kent.—Miss A. M. Coleclough.

V.A.D. Hospital, Mayfield, Pine Street, Jarrow.—  
Miss T. I. Morgan.

V.A.D. Hospital, Darley Dale.—Miss J. M. Aitken.

No Nurses have been sent on foreign service during the week.

### ANGLO-FRENCH HOSPITALS.

Miss Florence Tubbs, the late Matron of the Endsleigh Palace Hospital for Officers, has accepted the position of Matron at the Anglo-French Hospital at Nevers, and left on Wednesday for France. Let us hope she will find solace in her new sphere of usefulness for the cruel manner in which she has been treated at home. The profession owes Miss Tubbs and her staff a deep debt of gratitude for their courage in resisting the grave abuse of power by the Committee, composed of people of wealth, and the type of social influence it buys, whose one idea of government is to trample upon the susceptibilities of gentlewomen who honourably earn their own living, instead of living in the height of luxury upon the earnings of others. The War has not yet apparently penetrated the pachydermatous hide of the plutocracy, a parasitic class it would be well to eliminate from the community—especially where working women are concerned.

The following nurses left for Nevers with Miss Tubbs (Matron), cert. and Silver Medal, Guy's Hospital; Miss Jeanette E. Hughes, cert. Guy's Hospital; Miss Marjory A. Simpson, cert. Middlesex Hospital; Miss Ada Pearson, cert. General Hospital, Burton-on-Trent; Miss Olive P. Jacobs, cert. Poplar and Stepney Sick Asylum. Also Miss Irene M. Hope, V.A.D., who has had four months' experience at the Metropolitan Hospital, N.E., and Mrs. King, V.A.D.

### CARE OF THE WOUNDED.

The Queen has been pleased to accept from Miss Mary Plummer a copy of "With the First Canadian Contingent." In acknowledging receipt of the volume, Lady Eva Dugdale writes that she is commanded by the Queen to thank Miss Plummer for the book, and "to say that Her Majesty accepts it with great pleasure, and will read it with interest."

The accompanying illustration shows the regulation pattern for a pneumonia jacket supplied by the Central Work Rooms of the British Red Cross Society, the Royal Academy, Piccadilly, W., from which patterns can be obtained. It is made in 20-in. wide gauze tissue, and should be made according to the following directions:—"Cut out to the exact size of pattern, bind the cut edges with a straight strip of gauze 2 in. wide; run along one side about three-quarters of an inch in from the edge; turn over and hem along the



PNEUMONIA JACKET.

other side about the same distance. Sew on pieces of tape  $\frac{3}{4}$  in. wide, 6 in. long, on both back and front in positions as shown on the illustration.

The *Daily News* has charged itself with the duty of raising sufficient funds to supply Christmas pudding to every man at the Front on December 25th. As the numbers are so great this year that the War Office has decided to accept no presents of Christmas pudding for units the only way is to pool subscriptions into a common stock, and present the Army with a huge supply.

This, our contemporary's Fund did last year, and supplied half-a-million men. This Christmas there are two millions to supply, and the Army authorities want all by the end of November. 6d. will supply one man; 2s. 6d., six; £1, fifty men; £5 a company; £20, an infantry battalion of 1,000 men, so donations to the Fund can hardly be too generous.

## APPOINTMENTS.

### SISTER.

**Belgrave Hospital for Children, Clapham Road, S.W.**—Miss A. Richardson has been appointed Sister. She was trained at the Cardiff Infirmary; and has held the position of Sister at the Stockport Infirmary, the Liverpool Royal Infirmary, and the Children's Hospital, Nottingham. She is a certified midwife, and has also had training in dispensing.

### HEAD NURSE.

**Poor Law Infirmary, Holywell.**—Miss A. Haycock has been appointed Head Nurse. She was trained at the Royal Southern Hospital, Liverpool, and has held responsible positions under the Poor Law at Newcastle-on-Tyne, Norwich, Bolton, and also an appointment at the Accident Hospital, Barry Dock.

### CHARGE NURSE.

**Crossley Hospital, Merfield.**—Miss N. Bennett has been appointed Charge Nurse. She was trained in infectious nursing at the Isolation Hospital, Rush Green, Romford; and has been Charge Nurse at the Isolation Hospital, Grays, Essex.

### HEALTH VISITOR.

**Nottingham County Council.**—Miss V. Newham has been appointed Tuberculosis Health Visitor. She was trained at the General Hospital, Nottingham; and has worked as a tuberculosis Nurse in Manchester.

## QUEEN VICTORIA JUBILEE INSTITUTE.

### TRANSFERS AND APPOINTMENTS.

Miss Lizzie Bowyer is appointed to Cheltenham; Miss Carrie Gledhill, to Manchester (Bradford); Miss Alice Ireland, to Kenilworth; Miss Amelia Jackson, to Brighton; Miss Gertrude Long, to Manchester, (Bradford); Miss Mary Malseed, to Haydock; and Miss Elizabeth Small, to Bognor.

## THE TRAINED WOMEN NURSES FRIENDLY SOCIETY.

Members of the Trained Women Nurses Friendly Society are reminded that as the postal regulations only permit 1 oz. to be sent by letter post, instead of 4 oz. as formerly, care is needed in stamping packages addressed to the Society, which has already had to pay excess postage on communications addressed to it.

### THE PASSING BELL.

We regret to notify the following casualty reported from the Mediterranean Expeditionary Force:—

#### ACCIDENTALLY KILLED.

*Queen Alexandra's Imperial Military Nursing Service Reserve.*—Miss J. L. Griffiths.

Miss Janet Luise Griffiths was one of a number of nurses travelling on an ambulance waggon, which was run into at a level-crossing by a train. She was sitting on the back of the waggon and, seeing the danger, jumped off to help the other nurses to alight and was killed while gallantly attempting to save them.

## IRISH MATRONS' ASSOCIATION.

At a meeting of the Irish Matrons' Association, held at 34, St. Stephen's Green, Dublin, on November 6th, the following resolution of sympathy with Mrs. Cavell was proposed by Miss Helen Shuter, seconded by Miss Carson Rae, and carried:—

"We, the members of the Irish Matrons' Association, wish to offer on behalf of the institutions we represent and the profession to which we belong, our profound sympathy for the grievous loss sustained by Mrs. Cavell, but also to give some expression to the deep pride felt by the whole nursing profession in the splendid example of patriotism, courage, and patience which Miss Cavell has left to it as an inheritance for ever."

## IRISH NURSES' ASSOCIATION.

At the Executive meeting which was held in Dublin on Saturday, November 6th, the following resolution of sympathy was proposed by Miss Huxley and seconded by Miss Reeves:—

"That this meeting of the Irish Nurses' Association desires to express its profound sympathy with Mrs. Cavell in the tragic circumstances of her daughter's heroic death."

Edith Cavell's life, and particularly its closing days, sets an example of high ideals to all of us who follow the same noble profession, and while we grieve at her loss, we feel that the whole civilized world is enriched and uplifted by her devotion, courage, and patriotism."

## FOR WHICH THANKS.

Miss Lucy C. Cooper, Westminster Infirmary, Hendon, has returned to us the cheque for 5s., which she gained for her prize in our competition last week, as a donation to the funds of the Society for the State Registration of Trained Nurses. It could not be put to a better use.

## NIGHTINGALE SPIRIT NEEDED.

The National Union of Trained Nurses, as will be seen in our advertisement columns, are inviting applications from fully certificated nurses, who are also certified midwives, who desire to join a Medical Relief Expedition for Russian and Polish refugees. The work will be hard, conditions uncomfortable, climate trying. Nurses who desire to join the expedition under these conditions are invited to apply to the Secretary, N.U.T.N., 46, Marsham Street, Westminster, S.W.

## NURSING ECHOES.

The Annual Sale of the Nurses' Missionary League was held at 52, Lower Sloane Street, S.W., on Saturday last, when many useful and attractive things were on sale—comforters for soldiers, socks, shawls, and things suitable for Christmas gifts, home-made jams, Christmas cards and calendars, and other things too numerous to mention were displayed to the best advantage.

The question in the minds of Miss Richardson, the League's well-beloved Secretary, Miss Macfee, and other willing helpers was "Will buyers come this year, when claims are so many and purses light?" But as the day wore on it was evident that the question had presented itself to the members of the League and its friends, and that they were determined every effort was to be made to ensure a good result. And so, instead of any falling off, the Sale was a record one, and at its close at six o'clock Miss Richardson joyfully counted up £35, and still there was money to come in.

The League is filling a very real need in the nursing world, discovering vocations for missionary work, and fostering them when discovered, besides stimulating interest amongst those who do not themselves volunteer for active service. But the amount of organization and propaganda work which it can undertake depends on the financial support it receives, and we hope this will be freely given.

The next bit of work which the Nurses' Missionary League, with the approval of the Matrons and Chaplains concerned, is hoping to undertake, is the arrangement of meetings in some of the military hospitals, with the object of helping nurses to deal with some of the questions put to them by their patients in regard to the reasons for their afflictions.

From time to time cases are reported in the press in which patients, both in institutions and in private houses, are burned by hot-water bottles, and it cannot be too insistently impressed upon all nurses that hot-water bottles should invariably be well protected by very thick flannel covers, that they should not be too hot, and that where young babies are concerned, they should be placed under the under-blanket of the cot. The story of a baby whose death was accelerated by burns, as told to the Bradford City Coroner on October 26th, is one of the most amazing which we have ever read in this connection.

This ten days' old baby was a patient at the City Hospital, Bradford, when admitted on September 20th, as deposed by the Matron, Miss E. E. McLelland, at the inquest. On September 30th, about 4 o'clock, her attention was drawn by Nurse Ossleton to burns on the child's body and legs in the form of white blisters. The relatives of the child were not notified of the accident, the burns being first mentioned to the mother on October 18th.

Questioned by the Coroner as to the reason for not informing the relatives, she said it was left to the doctor. The Assistant Medical Superintendent stated that when informed of the burns by the Matron, he suggested out of consideration for her feelings, that the mother need not be told. Though serious in so young a child, the burns did not appear to him dangerous.

Dr. J. M. Inverarity deposed that there was a burn, 6 inches by 3 inches, on the right buttock, one  $2\frac{1}{2}$  inches by  $\frac{1}{2}$  inch on the right calf, and one  $2\frac{1}{2}$  inches by  $1\frac{1}{2}$  inches on the left buttock, and a small one on the left heel. The bottle must have been "pretty hot" to cause them. Death was due to marasmus, following congenital weakness accelerated by burns.

Nurse Ossleton, who decided to give evidence, said that she took out a hot-water bottle which had cooled from the cot, refilled it, and laid it on a bed near the cot while she went to get the child's food. Five minutes later she found it crying, and on taking it up discovered that it was burnt. She found the hot-water bottle on the bed where she left it. The only solution that she could offer of the mystery was that a hot-water bottle might have been put near the baby by a convalescent boy, who maintained he knew nothing of the affair.

The Coroner said the case was one of the most mysterious with which he had ever had to deal. He was glad that it was the jury and not himself who had to form an opinion. It was for them to say whether they believed Nurse Ossleton or not, and whether the parents should have been informed earlier. Another point was that of the doctor not having been called in till next morning.

The jury returned a verdict in accordance with the medical evidence, and expressed the opinion that greater care should be exercised in the use of water bottles at the hospital. On the other points the verdict was an entirely open one.

The Coroner suggested that the Health Committee might consider the advisability of giving some instructions with regard to the information of relatives.



On the questions left open by the jury, we make no comment. But this is certain, that it was the duty of all concerned to speak the truth, that the nurse should immediately have informed the Matron, instead of waiting from 10 a.m. to 4 p.m., that the Matron should immediately have acquainted the Medical Officer with the accident, and no desire to shield others should have influenced the doctor to keep the facts from the parents. To the poor mother we offer sincere sympathy.

A case which Judge Harington said raised points of interest and difficulty came before the Godalming County Court on November 5th, when Miss Lilian Kate Russell, nurse, of Croydon, sued Mr. Reginald Hodges, Clerk to the Visiting Committee of the Surrey County Council's Lunatic Asylum at Brookwood, claiming £1 16s. 4d., one month's wages in lieu of notice, and £2 16s. 9d. as repayment of amount contributed to superannuation fund.

The case, it was stated, was of importance not only to plaintiff, but to other nurses dismissed at the same time.

It appeared that a probationary nurse was engaged, and a few days afterwards it was found that her head was verminous. Some patients were infected, and plaintiff and other nurses in the same ward were asked to submit their heads to medical examination. This they declined to do, on the ground that it was insulting to their dignity. On the matter being reported to the Visiting Committee, the nurses were summarily dismissed.

In giving judgment, His Honour said plaintiff had not refused to obey an order to perform any of the duties which were within the contract of employment. Although, from a disciplinary point of view, it was a perfectly reasonable request, it would be going a little too far to hold that the refusal of the plaintiff in the circumstances was a breach of discipline which entitled the Visiting Committee to dismiss her summarily. Her attitude was unfortunate, but as she maintained what he thought to be her legal right, she was entitled to succeed. He gave judgment for the plaintiff for the amount claimed. Leave to appeal was granted.

We are glad the Judge took the Visiting Committee to task for their autocratic proceedings, and think, moreover, that the whole nursing staff had just cause of complaint against the officials who selected the type of probationer likely to be in this disgusting condition. It would be interesting to know what compensation the Visiting Committee were prepared to offer the nurses, had they been infected by this loathsome parasite.

### SCOTTISH MATRONS' ASSOCIATION.

A meeting of the Scottish Matrons' Association was held on Saturday, November 6th, in the Nurses' Memorial to King Edward VII in Chamberlain Road, Edinburgh. Miss Gill, R.R.C., President, in the chair. Forty-two members were present.

After preliminary business, the Hon. Sec. reported that the endowment was now complete for one year of the bed in the Scottish Women's Hospital in Serbia.

The President then spoke of the death of Miss Edith Cavell, and asked the members present to stand in silence, as a mark of sympathy and of deep appreciation of her work and heroism.

It was proposed at the meeting that nurses in Scotland should raise a memorial to Miss Edith Cavell, and after discussion it was agreed to start a fund for the purpose, and to found an annuity in connection with the Scottish Nurses' Memorial to King Edward VII, to enable a nurse to be in residence there who could not otherwise afford it.

The delegates to the Conference of the N.U.W.W., held in London in October, gave short reports of the proceedings.

Two new members were elected, and one resignation was intimated.

After tea, the members had an opportunity of seeing the Home. The next meeting will be held in Glasgow on March 4th, 1916.

### ← — — — — → MESSAGE FOR THE WOUNDED.

Miss Essex French, Hon. Secretary of the Almeric Paget Massage Corps, the official organization recognized by the War Office for the supply of masseurs and masseuses in military hospitals and camps throughout the kingdom, states that the need for this form of treatment is increasing daily, and large camps are now being opened all over the country, besides those already in existence, where electrical and massage departments are to be a special feature. It is, therefore, necessary to procure the services of a very large number of masseuses, in addition to those already working on the corps, who now amount to about 700.

Applicants should forward their names, addresses, and qualifications as soon as possible to Miss French at 39, Berkeley Square, London, W. The requisite qualifications are: (1) A certificate of the Incorporated Society of Trained Masseuses; or (2) a certificate of a physical training college recognised by the Ling Association; or (3) a certificate of one of the public hospital schools of massage; or (4) a certificate dated prior to January 1st, 1915, of any of the schools of massage approved by the War Office.

## NURSES' ASSOCIATION OF CHINA.

*(Concluded from page 388.)*

## HOSPITAL ECONOMIES AND PREVENTION OF WASTE.

Friday morning's papers were on very practical subjects. The first, on "Hospital Economies and Prevention of Waste," by Miss Booth, of Hankow, was a delight to the hearts of all the hospital housekeepers who listened. Miss Booth, in helpful detail, told just how, when and what to buy in kitchen commodities, fuel, linen, dressings, disinfectants, &c., and though location governs to some extent certain of these details, everyone found much that was helpful and suggestive. Next came "Nursing Requisites as Made on the Native Street." Miss Sawyer, of Tehchow, had this topic, and had prepared an exhibit of articles or their photos. A lively hour was spent in which many members shared, giving as they were called on descriptions, prices, and their personal experiences in making or buying the article under discussion. "Necessity is the mother of invention," especially in interior hospitals, where practical substitutes for expensive and impossible equipment must be had. This was one of the occasions when fifty-three heads contributed to the topic under discussion, and it could not but be an interesting and profitable hour for all.

## HUMOUR AND PATHOS OF NURSING IN CHINA.

After tiffin, the party secured rickshas and set off for the Temple of Heaven, where the afternoon session was held. As one listened to the devotional service and the address that followed, one forgot that this spot, so rich in the beauties of nature, was steeped in centuries of heathen rites and adoration. Miss Clark (of Shanghai) opened the meeting with a paper on "Humour and Pathos in Nursing in China." The writer chose to turn the tables, and tell of the pathos first, hoping that the happier memories might linger. First, of the horrors of child labour. There is abundant child labour in China everywhere, but it is at its worst in the treaty ports. Child labour in the factories is far more to be deplored than that which takes them out into the sun and air. The accident cases among these mites from machinery are a disgrace to civilization. Then, from the social customs, arises much pathos. A patient suffering from inoperable cancer is doomed to live apart from husband and children—a veritable outcast, though wealthy. Small wonder she begs for something to make her sleep for ever. A girl of thirteen is brought in frightfully mutilated. Her baby is born soon, happily dead; and the child-mother soon follows. A baby slave-girl is beaten so cruelly that paralysis results. Here Miss Clark paid a grateful tribute to the Shanghai Municipal Police, who always champion the children's cause. Space will not permit the repeating of the tales told of that universal curse—the white slave traffic—rife in the port cities; or of the suffering of the ricksha coolies; or of the unknown thousands of suffering women who have no chance to lay down

the cares of home and children and come to hospital for treatment, even if grandmother, neighbours, husband, and countless other factors approved of Western methods, which is doubtful. To the humorous side, for there is one! From the husband who dissolved in tears that his wife must remain in hospital for two weeks, because there was no one left to take care of him! to the mites who came to the dispensary one day, and on being asked what was their sickness, replied, "We are not sick; we have come to see the fun!" A child of a hospital worker is suddenly seized with convulsions and hurried to hospital. On undressing the baby, we find such a pretty suit of underwear made from pink boracic lint! But, perhaps to the hospital housekeeper that was not funny! Obedience is what we all strive for in our schools. There was an instance of it recently, when one of the doctors sent a nurse to wash his hands after touching some pus-stained wool, instructing him to "continue washing until I come for you." Other duties cropped up, and the nurse was forgotten till some time later the doctor had occasion to return, and the lad was still washing his hands!

## THE EVANGELISTIC OPPORTUNITIES OF THE SUPERINTENDENT.

Miss Tippet (of Pingyangfu), then gave a forceful talk on "The Evangelistic Opportunities of the Superintendent." Many were the interesting sketches which she gave of missionary work in the interior—the work so nearly like that of the Master—healing and teaching, the two mingling as part of the daily life. "Do not regard your patients as cases only, but as souls. Keep your spiritual standard high. Yours will measure that of your hospital. Your in-patients are more important than your out-patients, because you have more opportunity to reach them with daily personal touch. Keep close to God yourself by daily communion, else you will fall miserably. Learn to conquer yourself, ere you can hope to control or lead others." But a part of this impassioned appeal can be given. It was followed by a quick succession of earnest prayers that can but result in a higher standard of work for the coming year.

Business over, the nurses went across to the grounds of the Temple of Agriculture to enjoy a picnic supper, for the foreigners were not allowed to eat in the sacred precincts of the Temple of Heaven.

## HOSPITAL SOCIAL SERVICE AND ITS POSSIBLE USE IN CHINA.

On Saturday morning, an interesting paper on "Hospital Social Service and Its Possible Use in China," by Miss Gage (of Changsha), was read. Room does not permit review of the comprehensive sketch of social service as it has been carried on in England and America in recent years; but many helpful suggestions were given as to its adaptations to our work in this land. "Must China wait all the tens of years which Western lands have waited for what has been proven an economic necessity

rather than a charity? Social service in some form should stand at the door of the hospital to help every patient leaving it. It should be a campaign of education and prevention. Lectures on hygiene and sanitation, made forceful by lantern slides, pictures, posters, &c., are all useful. Simple demonstrations on the proper way to give a baby a bath, to cook a simple meal in economical and cleanly fashion, will be of more value than merely the printed sheet. With the poor *clientèle* found in China, we should strive always to teach them how best to utilize what they have and can get, and not make them think that cleanliness, wholesome food and fresh air are wholly expensive and unattainable foreign innovations. Start with the known and possessed, and work to higher levels. The great aim of social service is really education—first of the discharged hospital patient, and secondly of the community to which he goes. But to be effectual and not bring the movement into disrepute and ridicule, we must be content to work up from the bottom with those who have not the first conception of the principles of hygiene or economics."

#### THE QUESTION BOX.

"The Question Box" was then opened, and the meeting thrown open to discussion of the various topics thus introduced. All manner of problems were brought up, from the building and equipping of hospital kitchens and how to make a home-made incinerator, to the proper term for our hospital matrons in Chinese.

#### GOOD TO BE THERE.

The programme for the afternoon was a treat to all, but especially to those coming from the interior. Immediately after tiffin, eight big touring cars took the party for a ten-mile ride through fields and woods and roads, terminating at the Summer Palace of the rulers of the country. The chief points of interest were a boat ride on the lake, and a stop at the marble boat built for the Empress Dowager. The most picturesque scenery was enjoyed to the full, and then came the home ride, which took us via the grounds of the Indemnity College. It was a memorable closing for the busy week.

Sunday was a day of rest with friends in the city, new and old. In the evening, some wended their way to the Union Church, where a helpful sermon was preached by Dr. Fenn; others attended the impressive service at the British Legation Church.

The last session of the Conference, on Monday, September 6th, was devoted to business, reading of reports, election of officers and committees, and amendments to the constitution, and like matters. Votes of thanks were given to retiring officers, to our hostesses and others who had contributed to a successful year and Conference. It was voted to hold the 1916 meetings in September, in Shanghai, and then to wait eighteen months for the next, convening at Foochow at Chinese New Year, 1918.

The session closed with prayer service, and the members separated to return to their work with new inspiration and zeal

M. L. S.

## OUTSIDE THE GATES.

### A BITTER DISAPPOINTMENT.

The States of New York, Massachusetts and Pennsylvania, have with New Jersey declared against Women's Suffrage. What a bitter disappointment to the most enlightened of American women, amongst them our dear Miss Dock, who has of recent years devoted her wonderful and brilliant talents to securing this fundamental right for such of her sex as realise its vital importance in attaining high standards of morality. We hear Tammany the diabolical used its malign power against the purification of politics through women's influence; so we may see an increase in the great cities of the Eastern States of all the abominations it stands for—bribery, corruption, white slave traffic and all that makes for human degradation. Perhaps after the war, old England may have been sufficiently shaken out of her lethargy to revert to love of liberty, and may after all set an example to the world in this particular. All countries which prate of fighting in this appalling War to suppress the tyranny of Prussia, will owe enfranchisement to women, unless they are content to play the hypocrite. Countries where women are not enfranchised have not begun to understand what liberty means, and the present bloodshed is largely the result of this abysmal ignorance upon the part of men.

### WOMAN SUFFRAGE IN HOLLAND.

The *Times* reports that the Dutch Government has just brought in a Bill for the revision of the Constitutional Law of the Netherlands. It is proposed by the Bill to extend the right of voting to all the male citizens who have reached the age of 23 and are not excluded by certain disabilities, and also to female citizens who have reached the same age. This, however, does not mean that the franchise will be made universal immediately for all the women in the country. The revision of the Constitutional Law will only introduce the principle of woman suffrage, while a further revision of the existing Electoral Law, or the introduction of a separate Bill later on, will stipulate how far the right of woman suffrage is to be extended.

### ILLOGICAL NONSENSE.

At the September monthly meeting of the National Council of Women held in Melbourne, great disturbance was occasioned owing to the determination of representatives of "the Women's Peace Army" to oppose all preparation for war, and to move a motion which the President would not accept. Peace was not restored until a constable had been summoned, and the President had threatened to have the principal offender ejected. In the course of the heated proceedings, Dr. Edith Barrett declared that it was not only absurd but treasonable to oppose preparation for war. To prate of peace whilst the most cruel and barbarous nation on earth is over-running Europe is curiously illogical. We want peace secured, and that is only possible by crushing tyranny.

## BOOK OF THE WEEK.

## "A YOUNG MAN'S YEAR."

The young man was a briefless barrister of the Middle Temple. He had no powerful friends, and he was very poor. After his chambers were paid for and his fourth share in Henry the clerk, and his lodgings in Bloomsbury Street, there was not left much margin beyond the necessities of life, food, raiment and tobacco. He was a Lisle, and Godfrey Lisle was the head of the house, though only a distant cousin. He was also the squire of Hilsey Manor, the old family place, and a man of considerable wealth—together the Personage of the family.

So far Arthur had not made any effort to make his acquaintance although he had been in town some time. His remorselessly active imagination rehearsed for him all the aspects in which he would appear to the Godfrey Lisles—"a poor relation, a tiresome duty, a country cousin, a raw youth. Oh, in fine, and in the end a bore of purest quality and great magnitude. That, and nothing else the Godfrey Lisles would think him."

He had been amused and content hitherto with the Sarradet circle. Mr. Clement Sarradet kept the perfumer's shop in Cheapside, that had been established a hundred and fifty years ago. Something French survived in his cherished daughter, Marie, it was in manner more than in looks, she had a vivacity, a provocation, a coquetry, that had very nearly at the opening of this book, made young Arthur Lisle lay himself, his poverty, and his good breeding at her feet.

But before that came to pass something happened which eclipsed Marie Sarradet as the moon does the stars.

Bernadette, Mrs. Godfrey Lisle, tired of waiting for her young kinsman to pay his devoirs, called upon him instead. "When she was gone the vision of her remained with him, but vaguely and rather elusively—a memory of grey eyes, a smooth, rich, texture of skin, mobile, changeable lips, fair wavy hair—these in a setting of the richest apparel; an impression of something very bright and very fragile, carefully bestowed in sumptuous wrappings." Thus Marie Sarradet's hopes were overthrown.

"Bernadette has got a new toy." In this manner was announced the recent friendship between these distant cousins by marriage.

"I liked the look of him," said Judith. "Of course he was all of a flutter. Well, I think he ought to be. I wouldn't give much for a man who didn't get into a flutter over Bernadette."

"She's wonderfully"—Esther Norton Ward sought for a word—"radiant, I mean, isn't she?"

"And there isn't a bit of affectation about her. She just really does enjoy it all awfully."

"All what?"

"Why, being irresistible and radiant of course."

"I really do think that being pretty improves people," said Esther.

Judith considered that men ought to be able to look after themselves—or keep away.

So we can see that our honest minded young Arthur hadn't much of a chance.

Mr. Hope is a past master in creating pretty and charming women, and we feel that we have a quarrel against him, that he does not leave Bernadette at that.

Godfrey Lisle, is a dull, complete bore, and does not in the least appreciate his charming young wife. "A lover makes a woman very interesting to herself. He casts new light on familiar things, he turns disagreeables into tragedies, routine into slavery, placid affection into neglect. He converts whims into instincts, selfishness into the realisation of self." All this Sir Oliver Wyse did for Bernadette. It could not be denied that till his advent she had contrived to be fairly happy in spite of her marriage being a misfit; there was an obstinate feeling that she might manage to be fairly happy again if only he would go away.

We cannot help feeling that it was a great mistake he was not allowed to do so, for frail Bernadette throws her cap over the mill, and her charm is gone.

Honest Arthur is at first broken-hearted, his devotion had been devoid of all offence and it was the downfall of his idol.

But he is young, and the coveted briefs come along, and Judith is bright, and "in his heart he didn't want her sensible, her eyes would not be so bright, nor her cheeks glow with colour; her voice would not vibrate with eager joyfulness, nor her laugh ring out so merrily." But we much deplore the fate of Bernadette.

H. II.

## COMING EVENTS.

November 12th.—Royal Sanitary Institute, Sessional Meeting, Town Hall, Ripon. Professor Kenwood, M.B., D.P.H., presiding. 10 a.m.

November 15th.—National Food Reform Association. First of a series of demonstration lectures, for social workers, on "War Time Cookery," by Miss Florence Petty ("The Pudding Lady"). Westminster Health Society's Offices, 60, Greek Street, Soho, W.C. Syllabus and full particulars from N.F.R.A., 178, St. Stephen's House, Westminster.

November 18th.—Central Midwives' Board, Monthly Meeting, Caxton House, S.W. 3.30 p.m.

November 23rd.—Irish Nurses' Association. Lecture on "Bone Diseases," by Mr. MacAuley. 34, St. Stephen's Green, Dublin. 7.30 p.m.

November 23rd.—Royal Sanitary Institute, Sessional Meeting. Discussion on "The National and Social Aspect of the Lower Birth Rate." Opened by Dr. Louis Parkes, M.D., D.P.H. 4.15 p.m.

## A WORD FOR THE WEEK.

A rose to the living is worth more than sumptuous wreaths to the dead.

\* By Anthony Hope. (Methuen & Co., London.)



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## THE CAVELL NURSING COLLEGE AT BRUSSELS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I feel I must write to thank you for your excellent letter in the *Daily Telegraph*, in reference to the training and education of Belgian nurses. This would be a fitting Memorial to the noble Englishwoman, who has laid down her life for the cause of righteousness and everything that makes life worth living.

Yours sincerely,

J. B. S. WATSON,

Rector.

Upham, Southampton.

## HOW OUR OFFICERS ARE NURSED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In reference to "An Indefensible System" on page 390 of THE BRITISH JOURNAL OF NURSING last week, what have you to say to this? At a large nursing home here in the West End of London the senior partner, a nurse of distinction, has decided to take in officers. She has filled the place with V.A.D. people, who give the impression that the patients are nursed by a chorus of nurses from the Gaity. But she has made all these "nurses" take off their red crosses and assume Army Sister's caps, even including the housekeeper. Part of the home is still devoted to private nursing, and the nurses (who are properly trained) are naturally furious. One informed me that a V.A.D. being asked to get ready a rectal tube asked "what it was for," and another, when told to give some saline remarked, "Let me see, I must put salt into that, mustn't I?" It seems to me that whilst Tommy is being well cared for, his officer is, in many cases, being made the sport of the gifted amateurs.

Can't this be stopped?

Yours truly,

INDIGNANT.

So long as this system is permitted by the Army Medical Department of the War Office it cannot be stopped. We know officers who most strongly object to being attended by untrained women. One remarked to us recently, "It's simply indecent," and we agree with him. We are informed that a nurse "returned with thanks" from a Red Cross Hospital as "impossible" was next day sent on duty at the Endsleigh Palace Hospital for Officers. Instead of the nursing of our officers being under the supervision and in the hands of highly skilled nurses, quite the reverse is often the case. If only their women folk were not so ignorant about qualified nursing, and

qualified nurses were registered, this deplorable conditions of affairs could be remedied. At present all is chaos.—ED.]

## "FROST BITE" IN THE TRENCHES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—It is generally admitted that this condition, which proved so serious a source of suffering and loss amongst our troops last winter was due to the defective leg-wear provided by the authorities.

The puttee, which is in many respects an admirable covering, being warm, elastic, fairly impermeable and a good protective against cold, damp, thorns, branches and dense undergrowth, has the fatal defect due to the means of fastening which consists of a long inelastic tape which must be wound tightly round the leg just below the knee, thus interfering with the blood circulation, especially when the material shrinks under the influence of moisture, inevitable in the trenches in winter.

Early in the spring of the present year the *Lancet* and the *British Medical Journal* called attention to this matter and invited their readers to suggest a fastening that would be free from the defects of the tape.

I devised a very simple "hook-pin" and submitted it to the Editor of the *British Medical Journal*, who wrote in the issue of June 12th, "it appears not only completely to answer the purpose in respect of puttees, but is likely also to replace the safety-pin for fixing bandages."

If this device is to prove of real value to our troops and to our wounded soldiers in the hospitals, it is essential that it should be tested as widely and thoroughly as possible and at once.

I have had a number of these hook-pins made and will gladly send a specimen to any wearer of puttees, or to any nurse or surgeon, or to anyone interested who has a friend acting in either capacity.

I am, yours obediently.

C. R. RUTLAND, M.D.

83A, Chester Square, S.W.

## OUR PRIZE COMPETITIONS.

November 20th.—How may nurses and midwives help to diminish the mortality amongst infants, and children under five years of age?

November 27th.—What devices can a nurse employ in caring for a patient suffering from sleeplessness?

## FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed by arrangement with the Hon. Secretary, 60, Nevcrn Square, Earl's Court, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, November 12th, and Monday, November 15th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' general training. Experience in fever nursing is an additional advantage.

# The Midwife.

## THE LONDON COUNTY COUNCIL (GENERAL POWERS) ACT, 1915.

The London County Council Bill, providing amongst other things for the Registration of Lying-in Homes, and of Establishments for Massage or Special Treatment, has now received the Royal Assent, and it behoves all those whom it concerns to acquaint themselves with the provisions of this Act.

### LYING-IN HOMES.

1. After the first day of February, 1916, it will not be lawful for any person to carry on a lying-in home, unless the name of such person, and the premises used or represented as being or intended to be used for the purpose of such home are registered with the Council.

2. Any person requiring registration must make application in writing to the Council under his own name, giving (a) his private address, or, in the case of a company, society, association or body, the registered or principal office (if any), and the names and private addresses of the persons directly or indirectly responsible for the management; (b) the name under which and the address at which such home is carried on or proposed to be carried on.

3. Application must be made within one month of the publication of the advertisements with regard to this part of the Act to be given in two or more daily newspapers within a month after the passing of the Act.

4. The Council may refuse registration of individuals or premises (a) if they have reason to believe that the applicant is of bad character; (b) if the premises or their equipment are unsuitable; (c) if they have reason to believe that the premises are being used for any immoral purpose.

5. Before making such an Order, seven days' notice must be given in writing to the person concerned, who shall within seven days subsequently, on written application, be afforded an opportunity of being heard against such Order.

6. Any person who deems himself aggrieved by any Order made by the Council may appeal to a Metropolitan Police Magistrate, or in the case of a lying-in home in the City of London to a magistrate of the City.

7. Any officer duly authorised by the Council may at all reasonable times enter and inspect any premises used as a lying-in home, or which such officer has reasonable cause to believe are used for that purpose.

### PENALTIES.

The maximum penalty for carrying on a lying-in home in contravention of the Act is £50, with a further penalty not exceeding £20 for each day on which the offence continues after conviction.

For a second or subsequent offence, in lieu of or in addition to a fine, a period of imprisonment not exceeding three months may be imposed.

A penalty not exceeding £5 with a further penalty of £2 for each day on which the offence continues after conviction may be imposed for refusing admission to any officer of the Council for purposes of inspection, or for obstructing the officer in the performance of his duty, or for advertising an unregistered home, or one concerning which registration has been refused or cancelled.

The Court may also, in addition to imposing a penalty in the above instances, order the cancellation of the registration.

8. Institutions outside the scope of the Act are (1) hospitals, infirmaries, or other establishments maintained or controlled by any Government Department; (2) or any authority constituted by Parliament, or incorporated by Royal Charter, or any hospital recognised by King Edward's Hospital Fund for London, or the Hospital Sunday and Saturday Funds; (3) any institution for the training of midwives approved by the Central Midwives Board; (4) any lying-in home in which only relatives of the person carrying on such home are received for the purpose of this section "relatives" means sisters, daughters, granddaughters, nieces, aunts, or mothers by consanguinity or affinity, and, in the case of persons of illegitimate birth, persons who would be so related if legitimate; (5) any lying-in home carried on by a duly qualified medical practitioner who provides a certificate, in an approved form, signed by two duly qualified practitioners not having any financial or other interest in the home testifying to his fitness to carry on the same, and to the suitability of the premises and equipment. Such a certificate is valid only for one year.

The Council may delegate to any Borough Council with or without any restrictions or conditions any powers or duties conferred or imposed upon them by the Act.

The registration fee paid by the applicant is not to exceed 5s.

### ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT.

Similar regulations are made in regard to massage establishments. The fee for registration in this instance is, however, not to exceed £1 1s., and every person so registered must keep exhibited in a suitable place, to be approved by the Council, a copy of the by-laws made and in force under this part of the Act.

Proprietors of nursing homes in the County or City of London must remember that they cannot take in lying-in cases without previously registering under the London County Council as a lying-in home.

### THE FULLER EMPLOYMENT OF CERTIFIED MIDWIVES.

Sir Donald MacAlister, K.C.B., President of the General Medical Council, in the course of his Presidential Address to the General Council of Medical Education and Registration at their Winter Session, stated that "the absence on military duty of medical men in family practice, particularly in the country districts, will almost certainly lead to the fuller employment of certificated midwives. It is the more important that the training of these women should be adequate for the work they will be called upon to undertake. The Central Midwives Board for England has framed new rules providing for an extension of the course of instruction prescribed for its certificate. The rules have been transmitted by the Privy Council for the opinion of the English Branch Council, in accordance with the statute, and will be duly considered by it during the present session."

He further drew attention to the fact that there is, as yet, no corresponding statute in Scotland, and stated that strong representations had been made to the Government by leading members of the profession in favour of proceeding with the Scottish Bill in the current session of Parliament, on the ground that an emergency exists which ought to be provided for without delay. When, as President of the General Medical Council, he was consulted on the subject by the authorities, he reminded them of the declarations on the Scottish Bill communicated to the Lord President by the Council, and expressed the conviction that the claim for urgency was well founded.

This Journal, which has always stood for the adequate training of midwives for their responsible work, observes with satisfaction that the President of the General Medical Council is impressed with this necessity. But there is a necessary corollary that responsible work such as that of a midwife must be adequately paid. There is no inducement to skilled midwives to undertake district work for the fees they are able to command. The creation of a public service of midwives guaranteeing a living wage, and conferring an honourable status, is also a matter of urgency.

### COVERING UNQUALIFIED PRACTICE.

A case of considerable importance was brought before the General Medical Council on November 3rd, affecting the relationship of doctor and maternity nurse, at the instance of the Central Midwives Board, as it was the first case of this nature which has been brought before the Council.

The medical man was charged with knowingly enabling a woman whose name had been removed by the Central Midwives' Board from the Roll of Midwives to practise as a midwife in contravention of the Midwives Act, 1902, as if she were duly certified under the Act. The Council found the charge proved, but postponed judgment till the next meeting, when the doctor will be required to produce evidence of his conduct in the interval.

### PROBLEMS OF BREAST FEEDING.

A lecture on "Problems of Breast Feeding," one of a special course given under the auspices of the National Association for the Prevention of Infant Mortality, was delivered by Dr. Forsyth, Physician to the Evelina Hospital, at the Royal Society of Medicine, 1, Wimpole Street, on Tuesday, November 9th.

The lecturer began by saying that it had been proved up to the hilt that the percentage of mortality was far greater in the children fed by artificial means than in those breast fed. Not only so, but in the latter case the health of the children was decidedly better, and sickness and enteritis very seldom occurred. On an average the children no doubt thrived better.

The advantages from the mother's point of view were that it was certainly the cheapest, the easiest, and the simplest method. He thought it was not generally understood how much greater was the tie of affection between mother and child where breast feeding was practised.

The hindrances to this desirable practice were, he considered, often due to the mother's unwillingness to sacrifice her own pleasures for the child, and to a greater extent from the numbers and numbers of patent foods that were so widely advertised.

Artificial feeding was, he said, of comparatively recent date. Between forty and fifty years ago almost the only way of so feeding an infant was by a pap spoon or pap boat. Also a hundred years ago the milk supply was incomparably more unclean than it is at the present date, and practically the only alternative from the mother's breast was that of employing a wet nurse. There were serious abuses in connection with this practice. It being a well paid trade, young women would often become mothers of illegitimate children with the express purpose of earning their living as wet nurses. Their own offspring would be placed in the care of any person and generally died, while they themselves would be nursing the children of well-to-do mothers.

Dr. Forsyth described the physiology of milk secretion, and gave an outline of the structure of the breast.

With regard to test feeds, he did not think that much reliance could be placed on a single feed. He had himself taken observations for seven weeks of an infant's feeds, it being placed on the scales before and after every feed during that period. The results proved that the amounts varied enormously. Of two consecutive feeds, one was half an ounce, and the other three and a half ounces. The average quantity he estimated at one pint in twenty-four hours.

The care of the breasts and nipples during pregnancy and after, some causes of inability to suck on the part of the infant, some reasons for discontinuing breast feeding were among other points in the lecture.

At the present time the nutrition of the infant is a matter of paramount importance.

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## EDITORIAL.

### DIED OF WOUNDS AS PRISONERS.

From time immemorial the lot of prisoners of war has always been one commanding sympathy. Aliens in a strange land, they suffer not only from the monotony of captivity, but from the home-sickness inseparable from their banishment. More especially is this the case with those who have never been far from home, and whose duties and pleasures have been circumscribed.

The feelings of the captive have never been more beautifully or pathetically expressed than by the Psalmist in the lament of the Jews during their captivity :—

"By the waters of Babylon there we sat down, yea we wept when we remembered Zion.

"We hanged our harps upon the willows in the midst thereof.

"For there they that carried us away captive required of us a song; and they that wasted us required of us mirth, saying, Sing us one of the songs of Sion.

"How shall we sing the Lord's song in a strange land ?"

And at length when the dreary days of their captivity were over they broke out into a song of triumph.

"When the Lord turned again the captivity of Zion we were like unto them that dream.

"Then was our mouth filled with laughter and our tongue with singing."

From that day to this, home-sickness, *mal du pays*, *heim-ach*—call it what we will—has not only caused acute grief, but so intense has been the longing for home that it has even caused mortal illness.

Writing of the Austrian prisoners in the present war, who acted as orderlies at the Third Hospital Skopje, Lady Paget says :—

"No one can live among prisoners of war—no matter of what nationality—without

realizing the agony of home-sickness they suffer, and realizing also the thousands of families waiting till the end of the war for news of their men folk, many of whom will never return. My experience has shown what a little kindness and humanity will do towards helping prisoners to bear their lot, and one must be hard-hearted indeed to withhold it. Ever at the back of my mind I have but one thought—God grant that our men, prisoners in a foreign land, are receiving the same fair and just treatment, the same human sympathy, to help them through their home-sickness."

If home-sickness is so overpowering in the case of the able-bodied, what must it be to prisoners who are so grievously ill and wounded that their sufferings terminate in death ?

It is difficult, if we have not witnessed it, to gauge the mental anguish super-imposed upon that which is physical, when a prisoner realizes that never again will he see his native land, his home, and his relatives, perhaps a much loved wife, and idolized children, that in increasing pain and weakness he will be dependent on the ministrations of those of enemy blood, that alien hands will close his eyes in death, and the last offices be performed by them.

As our hearts go out to our own wounded prisoners, friendless and alone, we may well remember that whatever the nationality of our patients the claims of sickness are paramount, and that as we should wish our own wounded and dying prisoners to be treated by those responsible for their care in their exile, so it is our duty to treat those dependent on us in their illness and loneliness, giving them sympathy and kindness, and such solace as we may by promising that, if opportunity offers, their last messages shall be conveyed to their relatives. To do this is only a duty. To do less would be inhuman.



## OUR PRIZE COMPETITION.

### HOW MAY NURSES AND MIDWIVES HELP TO DIMINISH THE MORTALITY AMONGST INFANTS AND CHILDREN UNDER FIVE YEARS OF AGE?

We have pleasure in awarding the prize this week to Miss Dora B. Vine, Eversley, Exmouth.

#### PRIZE PAPER.

The mortality amongst young children under five years is much higher than it should be, and nurses and midwives can do much to help on the cause of health.

First, they can study as much as possible to make themselves able to impart really up-to-date knowledge. It is not enough for nurses to go on in the same old routine of their training school. That may have been excellent in those days, but change affects everything, the outlook in medicine as well as other things, and nurses must be progressive. Again, some nurses may be able to do their own work well, but may not know how to teach their patients how to care for the babies. This knowledge can, to a great extent, be acquired if the nurse is really in earnest. It is not enough that a baby is well cared for as long as the nurse or midwife is in attendance; she must try to ensure the same care when she has left. Some nurses like to be thought indispensable, to be "missed." In reality it is a far better ambition to be like the key that winds the watch: it is necessary to start the machinery, but that having been set in motion, the key is not needed. Every nurse must do her utmost to teach the mothers how to learn. They must learn how to recognise the symptoms of disease, how to care for babies, and how to teach them to care for themselves. Therefore, I repeat, the nurses' first duty is to prepare themselves by actual study, observation, and lectures. They should keep in touch with modern thought, read the best books on subjects that will help them, and, whenever possible, attend post-graduate courses.

Secondly, nurses and midwives must co-operate with the local authorities in planning for the welfare of mothers and babies. It is much better for all concerned if such teaching is undertaken under the aegis of the "powers that be," and nurses who are diffident will be able to get the courage they need from the other workers. Co-operation, too, prevents overlapping, and should ensure harmony in carrying out the various Acts designed for the benefit of mothers and babies. Pre-natal care, classes for mothers and elder sisters, and baby clinics all come under this heading, and they

must be thoroughly well thought out and organised. In some places it is necessary to ensure that the expectant mothers have the opportunity of sufficient and suitable food by establishing dining halls, &c., that can often be made self-supporting. If there are sufficient members they can pay a small sum, and the economic fact that catering for many is cheap and makes meals from good joints possible, will tempt women to join. With a little tact it can then be arranged that they buy and cook in turns, and perhaps even "run" it all by themselves. The poor are intensely proud—and rightly so—of their independence, and strongly resent being taught their maternal duties as if they were irresponsible children; but a nurse or midwife who can teach them to "run" their own clubs is doing a glorious work for the whole nation.

Thirdly comes the nurse's personal work and influence, and this is perhaps the most vital point of all, for if the spark of enthusiasm is missing, all else is vain. The nurse must explain the facts about infant mortality; she must prove how preventable so much of it is, and she must do it in a way that will convince her audience. England is a free country, mothers will say, and they will do what they like with their own babies; but if the nurse knows how to manage her patients they will not take that line. She will assure them that they are at liberty to give their babies six dummies if they like, but that if they do they must expect the consequences. Lectures are no good without personal influence and example. Mothers must learn unconsciously that nurse's precepts are borne out by her practice, and they must learn to look on her as a friend, not as someone to whom they can always fly for material help; that should always come through the proper channels; but they should remember that nurse has given up the best years of her life to learning something about children, and that she is willing to pass on her knowledge.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. J. E. Taylor, Miss B. MacKenzie, Miss M. Robinson, Miss E. Sanderson, Miss J. Wright, Miss J. G. Gilchrist.

Mrs. Taylor writes:—The midwife comes in contact with the expectant mothers, and so can teach them how to keep themselves healthy and fit, and thus to bear healthy children. Above all advise them not to take alcohol in any form unless ordered to do so by a doctor.

#### QUESTION FOR NEXT WEEK.

What devices can a nurse employ in caring for a patient suffering from sleeplessness?

## NURSING AND THE WAR.

We have pleasure in bearing testimony to the success of the Queen's Nurses in War Work. From innumerable sources reports reach us of their adaptability, their skill, kindness and good sense. We warmly congratulate the Institute that it is represented "at the front" and elsewhere by so many nurses of the "right sort." When a record of their services is compiled after the war, let us hope a grateful nation will see to it that their standard of remuneration is materially increased (we think at least £50 a year is a minimum salary for a Queen's Nurse) and that adequate pensions should be provided for them. There are no two opinions about their deserts.



Daily Sketch.

BRITISH NURSES LEAVING FRANCE TO ACCOMPANY THE TROOPS TO SERBIA. REMOVING THE EQUIPMENT.

Dr. Mary Blair, who recently left for Serbia with a party of nurses to reinforce a unit of the Scottish Women's Hospitals, is organising a hospital of 100 beds at Salonika.

Mrs. Harley, and Dr. Louise McIlroy, who left France for Salonika, at the request of the French Government to accompany the French troops, are established with their unit at Pojogo, near Ushitze. Our picture shows some of the nurses removing their equipment ready for the journey.

We are glad to learn that a message has been

received at the office of the Serbian Relief Fund sent by Sir Charles des Graz, British Minister in Serbia, in which it is stated:—

"In spite of the interruption of telegraphic communication and the blocking of the roads, he has been able to get into touch with most of the British Units in Serbia.

"He finds a general disinclination among them to leave their work, and is of opinion that, in the present state of the country, it would be wiser if British nurses and doctors should remain where they are and not attempt to leave the country.

"In some cases Sir C. des Graz has managed to obtain transport for men of military age and he reports that he is endeavouring to make arrangements to convey them, together with a few nurses to Monastir. He has seen the heads of the units established on the line between Kragujevatz and Kralievo, and had found that, in view of the difficulty of transport and supply practically all of them had decided to remain where they were.

"Sir C. des Graz had heard from the United States Minister at Bucharest that the members of Lady Paget's Unit are well and continuing their work at Uskub."

Dr. R. O. Moon, in his third Chadwick public lecture, delivered at the Royal Society of Medicine on "Prophylaxis and Treatment," said that, as we are still ignorant of the micro-organism giving rise to typhus fever, the soil upon which it flourishes must be attacked. Overcrowding must be combatted by free ventilation, which is easier said than done unless the poorer classes can be adequately clothed and housed. Personal cleanliness is an important means of protection, and owing to the frequent ablutions enjoined by their law the Mussulman population suffered less from the recent epidemic than others. The provision of suitable nourishment is another important point. In connection with hospital work in Serbia, much evidence pointed to the contagion of typhus being carried by lice, and this enabled the disease to be attacked more directly. Anointing the body with petrol is one of the easiest ways of coping with the danger. Vermijelli is one of the best known preparations for this purpose, but ordinary kerosene is an efficient and economical insecticide. Many Serbian doctors who have had much experience of the disease are of opinion that lice are not the only means of transmitting

the contagion of typhus, and hold to the direct inhalation theory.

We reproduce from the *Sphere* the accompanying illustration of a British nurse in working dress, which considering the conditions under which the nurses work in Serbia, will be realised to be practical and hygienic.

The *Daily Telegraph* publishes the following interesting letter sent to a friend, from Dr. Beatrice McGregor of Wimbledon, who is in charge of one of the Scottish Women's hospitals in Serbia. By now it is an echo of the past:—

"Violent storms are at times encountered. In an incredibly short time the ground is a slippery morass, and it is an edifying spectacle to see ten or twelve of us all hanging from dear life to the ropes of a tent to keep it up while the patients are being rescued and placed in safety. After half an hour or so of that, when every hairpin has fled, after you have sat down in the mud half a dozen times and blistered your hands on tent-ropes, before you have time to realise that the rain has ceased, out comes the sun to laugh at your discomfiture and to reveal the havoc to your toilet.

#### A LOYAL LITTLE AUSTRIAN.

"Our two-ten beds are always full, and lately I have had very serious cases. The Serbian soldier is a delightfully simple and grateful patient, most uncomplaining. There is a good deal of typhoid fever. The men are very keen to get leave of absence home after being dismissed from hospital; they are so devoted to their wives and children. We have but one little non-military patient here—a wee man of nine years, a little Austrian refugee, whose parents are dead, and who is destitute. We are keeping him altogether. As an 'orderly' he flatters his little self, and quite a useful fellow he is. He loves to wear a soldier's cap. His heart is very loyal to Austria. Lately the men in his ward were teasing him by telling him his Emperor was 'No dobrah,' which means 'Not good.' Young Ivan swelled with rage, seized a stick belonging to a patient, and belaboured his chief tormentor till the sister of the ward flew to the rescue, when the poor boy bolted into his own tent, buried his head in the sister's lap, and howled.

"There are fourteen sisters here now, nineteen of a personnel, three being doctors. We have a big mess-tent, which I had laid with a good

wooden floor, so that the sisters can dance. The national dance is the 'Kola,' in which they all join hands—any number can join in—and the music is a strange, wild, often pathetic type. It seems to be irresistible to Serbians; officers and men dance together quite freely. They are like brothers and yet the soldier never forgets soldierly discipline.

#### PRISONER ORDERLIES.

"We are served by Austrian prisoners—nice fellows, most of them, some quite superior. We feel it must be trying for them to be our housemaids. Still, they have a very easy time. No threat is so severe as to tell them that they will be sent to commando. We don't starve here. Our cook is an Austrian, who has been a chef and a waiter at the Trocadero in London. Sugar is 10d.

a lb. and often not to be had. We had a generous gift of sugar from Sir Ralph Paget, so we have not suffered yet. We have lots of beef to make soup, and lots of pears to stew, and we buy and fatten pigs, lambs, and fowls whenever we can. My great principle is to give the nurses as much as they can eat, so as to fortify them against illness. We are fortunate to be able to say that we have had no illness at all.

"The nights are getting cold. I have chosen to accept for winter quarters some new wooden sheds on the hill opposite rather than go into any building here or in any town. We may be cold, but we will be on a healthy site, and must try to keep it so.

"I allow women and children to come for treatment here, but do not encourage them, as we are short of drugs, and we have no ward for serious cases. I hope to open a ward for women and children in

our new buildings, so that we can deal with the more serious cases. It is very quaint to be rewarded for one's professional efforts by the gift of an egg or three apples and a corncock, or a bunch of grapes, or a small coin of the value of a few pence. The women begin to arrive quite early, and sit on the grass knitting or spinning with little spindles, waiting for any length of time."

In an appeal in the Press for the British hospital at Arc-en-Barrois for French soldiers, the writer states that the hospital is one of those which serves the army of the Argonne, which has been kept so busy by the continuous fighting that an auxiliary hospital of seventy beds, used for convalescents, is now to be taken over for seriously



BRITISH NURSE IN WORKING  
DRESS IN SERBIA.



wounded cases, necessitating a greatly increased expenditure, so that funds are urgently needed.

Of the gratitude of the French soldiers touching incidents are recorded. One with tears in his eyes said "I shall never forget these days. Always and everywhere I shall tell the people that the English are 'braves gens,' that England is a true friend of France." These soldiers are drawn from every part of France. Few of them knew anything of the English before. They thought of us probably with the mistrust of tradition. Now an abstract prejudice gives place to a warm human experience. Over and above, then, the actual work of the hospital there is this filtration into how many homes scattered over broad France of a changed fraternal sentiment of good will."

### "MODERN WOMAN."

We welcome the first number of *Modern Woman*, edited by Miss Mary Fraser, for, although papers for women are numerous, they cater almost exclusively for women of means and leisure. There is, therefore, room for a paper which appeals to the woman who earns what she spends, and which concerns itself with the serious interests of our sex.

Miss Fraser herself contributes an article, "Where are Our Nurses," in which recognition is claimed for the sacrifices made by the trained nurses of the country. It is well informed and well written, and emphasises the fact that in regard to nursing "there is but one woman in England who is in request to-day, and she is

the trained and capable nurse. Our wounded in blue are the most picturesque and appealing feature of our streets; there is not a woman who does not desire to show them sympathy and friendship in return for all they have done for her; but when they are at their worst, lying in agony upon their beds, they do not want gay words and laughter and cigarettes, they want the touch of the skilled hand, the inestimable comforts of the presence of the woman who knows how to nurse. Can authority tell us that this comfort has invariably been theirs?"

Miss Mary Macleod Moore writes of the Women's Volunteer Reserve, giving an account of an inter-

view with Mrs. Cyril Smithett, Organizing Secretary of the movement, with her accustomed ability and charm; and other contributions, on "The Englishwoman on the Land," "Training the Girl for Business," &c., are of much interest. The *Modern Woman* is published weekly by the Clerkenwell Press, Ltd., 76-78, Clerkenwell Road, price 2d., and we wish it all success.

Norwegian nurses have always shown themselves very sympathetic with their colleagues in this country, and at the present time no less than eighteen, provided by the Norwegian Colony, are working in Military Hospitals in the United Kingdom. They are very well educated, reliable women, and will make many friends here we have no doubt.



MISS HOWES, MATRON, AND SISTERS AT BRITISH HOSPITAL, ARC-EN-BARROIS.

The Matron of the hospital, Miss Howes, was trained at St. Thomas's Hospital, and was Matron of the General Hospital, Cheltenham, before joining the Universities Mission to Central Africa, of which for some years she was a valued member. One of the Sisters of the hospital is Miss Amy Phipps, well known to our readers by her contributions to this JOURNAL.

### SEEN AT THE FRONT.

"The prettiest thing I've seen out there," said the sergeant, "was the sister who met me with the hospital train. There she was, in her blue frock and white cap and apron, with the red cross on it. Clean and smiling, with rosy cheeks. I'd seen nothing like her since I left England."



## FRENCH FLAG NURSING CORPS.

## CHRISTMAS GIFTS FOR FRENCH SOLDIERS.

Miss Henrietta Hawkins, P.L.G. cert. St. John's House, and for many years a Sister at the Metropolitan Hospital, London, has been appointed Assistant Hon. Secretary to the Corps. She will help Miss Hutchinson, the Hon. Secretary, with certain details of the clerical work, which are ever on the increase, and will undertake the somewhat laborious duty of packing gifts of comforts so kindly sent for the patients in hospitals in which the Sisters are at work. The Committee hope to send a parcel of Christmas Gifts to each hospital from their Special Fund for Sick and Wounded French soldiers, and will be pleased to receive suitable gifts for this purpose by December 1st, at 431, Oxford Street, London, W.

Miss Sarah King-Reid, cert. St. Luke's Hospital, Halifax, and Sister Western Hospital, Fulham, S.W., left for France on the 13th inst., but neither Miss F. Shoring, nor Miss E. D. Burgess were of the party. All being well Miss Mabel Gale, Miss Ellen Lowe, and Miss Lydia Abell, holding certificates of three years' training, and the Certificate of Registration of the Australasian Trained Nurses' Association, leave for Paris on the 19th inst.

## "SIDE LIGHTS."

A Sister in the War Zone writes:—

"The War seems to have turned most things topsy-turvy, most of all here in France, where it seems that most things are done the other way about; here one sees a group of soldiers washing the soiled clothes, and there one sees a couple of women digging or following the plough.

"Here, again, are some French Tommies peeling the potatoes for *déjeuner*; and round the corner comes the baker's cart driven by the baker's wife. Time after time, one notices the same change, the women taking the work and place of men, not only the easier kinds of work, but the hard manual labour that usually needs a man's strong frame and physique.

"To-day I saw two women—one old, one young—with broad bands across their chests, pulling two heavy barges up the river; truly a man's work but performed by these women as a matter of course, without a thought as to the hardness of their lot.

"At the time of the vintage, the fields were crowded with women and children, and here and there an old white-haired man, gathering the grapes that provide the money to keep them through the long, hard winter.

"In the village hard by, there is scarcely a man left. The whole life and trade of the place is carried on by the women; even the barber's shop, where the soldiers drop in for a shave and hair cut, is managed by an old woman and her widowed daughter who has lost her husband in the War, and whose grief-stricken eyes haunt one long after the little barber's shop is forgotten.

"Here in the war zone, soldiers abound, waiting, waiting, all day and every day; for the greater part of this great War is spent in endless waiting; this enforced idleness tries them almost beyond endurance; while, in the meantime, the women till the ground, gather in the harvest, do the hundred-and-one great and small things that are necessary to the life of the country, until the husbands and sons shall return to their homes again."

A Sister writes from Hôpital Charmont, Besançon:—"We have been here for six months now and I know you will be interested to know something of our work. This hospital has 600 beds nearly all of which have been occupied by wounded. We have a few *malades* occasionally. Nearly all our soldiers come from Fontinell, Metzèzeal and other places in the Vosges district. Until about a week ago we have been very busy, but now the Hospital has been evacuated to make room for *Grand Blessés*, only a few helpless patients remaining. In June, after the great battle at Metzèzeal, we had to open an emergency ward of 50 beds, which brought the number of beds up to 300 in our service.

"We have two French Red Cross ladies who help us, they look after the patients' toilet and bring them their tisanes, lemonades, &c. Our work for the most part is in the *Salle de Pansements* but we also give picures, do the massage, take temperatures and pulses and look after the helpless patients. As you can well understand gifts of any kind would be acceptable—clothing, pillows, socks, chocolate, cigarettes, in fact anything. Sister Banks and I are very fond of our soldiers, they are so brave; and grateful for every little service. We have been presented with several little complimentary poems. I enclose one. When the *Médecin Chef* asked us to renew our engagement, he also said if we wished we could take our three weeks' holiday, but we have decided not to do so at present. We have been shown every kindness and consideration since coming here, and would be very sorry indeed to leave."

## LA POÉSIE.

Non seulement le brave soldat Anglais  
Est venu battre sur la terre de France,  
Venger et donner confiance aux Français  
Dans la grande et la vraie délivrance;  
Maintenant ce sont des demoiselles d'Angleterre  
De bons coeurs sont venues faire nos Infirmières.  
Heureux le soldat de l'armée Française  
D'être soigné par une Infirmière Anglaise.

The Government Hospitals Commission has provided accommodation for 2,000 wounded soldiers in 11 convalescent homes established in different parts of Canada. The accommodation will be increased as necessity arises. We are sure that the brave soldiers of the Empire will receive every care from our Canadian colleagues.

## THE PRISONERS SECTION OF THE BRITISH RED CROSS.

### A HUMAN AND SYMPATHETIC REPORT.

By MRS. POPE HENNESSY.

It was only at the beginning of April, 1915, that the Prisoners Section of the Red Cross and Order of St. John came into existence. Up till that time the Enquiry Department for Wounded and Missing had solely concerned itself with the collection of information about our men on this side of the lines, and had left all enquiries about prisoners to the War Office. As the information to be extracted from the War Office was but scanty, and as many anxious relatives craved for further particulars, for something a little more human and sympathetic than the bare official announcement, "Prisoner of War," it was thought advisable to specialize in this branch of enquiry.

In April direct communication was opened up between the British and German Red Cross, and direct enquiries, typed in German, were sent to Commandants of Prison Camps, and Doctors in charge of hospitals. Courteous replies have invariably been received, and a great deal of information has consequently been collected.

For the first six months of the war the compilation of Prisoners' Lists in Germany was far from accurate or complete. Sometimes we found that men were said to be untraceable as prisoners of war who have since turned up in camps. Sometimes men have come through on lists first as dead and buried, secondly as wounded patients in some hospitals, and then as unwounded prisoners in a camp. Often we get private news of men whose names have never come through on any list at all. It is evident now that revision has taken place, and that prisoners, taken after the first six months of war have been classified, and indexed, for it is now comparatively easy to get a correct answer to our enquiries. In criticising German methods, and comparing them with our own we must never lose sight of the fact that the enemy has from 1½ to 2 million prisoners to cope with.

The work of our Department consists very largely of correspondence and personal interviews. About 300 letters of enquiry a week are received by us about prisoners, enquiries as to health, location, reasons for silence, what kind of food and clothes to send out and so on. In consequence of these enquiries, a large number of letters are written to camps and hospitals in Germany as well as to prisoners.

It may possibly interest you to hear of one or two results of these enquiries.

One day an officer's wife came in to see me with a letter written at her husband's dictation by an orderly in a German Hospital who said that he was wounded in the arm, was going on well, and would soon be sent to a Prison Camp in G. On the outside of the letter was written in very small characters the word: "verstorben." We were

asked to try to find out the reason of this. I wrote at once to the Doctor in charge of the hospital and received the following answer:—

"In answer to your enquiries I beg to inform you that Captain Z died on the 1st May, 1915, at 12.50 p.m. from general blood poisoning occasioned by injuries, caused by a bomb, to the right upper arm, lower jaw and right cheek. An attempt was made to save the patient's life by the amputation of his right arm. The captain was buried at the local cemetery with military honours. His grave is being marked by a permanent cross with his name on it, and it is entered on the town death register of Roulers, No. 424 in the plan of the cemetery. We have also marked a stone behind the cross with this number so that the grave may be identifiable at any time."

In another case the mother of an officer came to us in great distress stating that her son was in hospital in G. and she believed that his right arm had been shattered. Could we find out anything?

We wrote to the Doctor and received the following reply:—

"This officer was badly wounded in both arms on April 27th. He was brought to this hospital (Roulers) for enemy wounded and it was found necessary to amputate his left arm. On May 14th he was transferred to a Red Cross Hospital here. His right arm was shattered and suppurating was taking place. Every effort to save this arm failed, and therefore it was imperative that the right arm too should be amputated. After the operation his temperature fell at once to normal, and he began to improve visibly. He is now going on very well, and is gradually becoming accustomed to write with his teeth and with his toes. He is now allowed out of bed for part of every day. His address is:—Kriegs Lazarett, Roulers."

At one of the camps a member of the German Red Cross sends us long answers to enquiries for prisoners.

One day some unhappy parents told us that they had heard news that their son had died at a camp in Germany, but that they could get no particulars or confirmation of the news. We wrote to the Red Cross Officer there, and he replied in English words which are an absolutely literal rendering of German sentences:—

"Sirs,—As a member of the red cross will you kindly inform the parents of the soldier X that he is died here in the hospital, he was very hard wounded in the belly and it was nothing to make through the doctors of the hospital.

"Will you say if you please that he is died in my arms and he had received what we had but he is died as a soldiers. He has nothing said at last and he was very content that I was on his bed.

"Seventy-nine of his comrades has given him a garland very fine, and ten of his comrades has been to the cemetery he has had a burial as a German soldier and on his side on the cemetery are the tombs of two German soldiers. The pastor has had a speech over the word of the bible; to be true to receive the crown of eternity.

"He had not money or other thing, only a medal with the pictures of his parents. After the war I send picture of his tomb to his parents and also the medal, but if they wish I will send it directly. . . . The English soldiers are very good treated in our hospital, is it the same in London or other towns of England. Please not to forget our brothers in England."

To go back for a moment to the routine work of the Department.

Every ten days or so, long lists of prisoners, lists of the dead and buried on the battlefield, of men who have died in prison, men in hospitals, are transmitted to us by the German Red Cross, which is an annex of the German War Office. The contents of these lists are at once indexed and the information sent on to enquirers. From these lists we compile sheets of information for the Canadian Red Cross, the India Office, and Regimental Record offices. In fact, we act as a clearing house for all prisoner enquiries.

In addition to this, since September 10th we also get the Ottoman Red Crescent lists, and we are doing the same with them and are making out lists for the Commonwealth of Australia and New Zealand offices.

Another branch of our work is the search for missing Germans. We get numbers of enquiries from Germany not only about men who have disappeared in fighting, but also about civilians who have disappeared on the high seas. Sometimes it is a German mother who writes that her son left Sumatra in a ship bound for Brisbane in August, 1914, and has never been heard of since. Sometimes it is a man who writes from Hungary to say his brother, who had once been for a short time in business in Cairo, had disappeared. Sometimes it is an enquiry for a missing member of the Cape to Cairo motor tour, or for three German scientists who were travelling in Abyssinia in 1914, and were last heard of at Djibouti in August, 1914.

We also get a great number of enquiries for missing Germans in what was German South-West Africa.

In addition to this search for missing, we have been engaged in the work of seeing that all exchanged prisoners and repatriated persons are carefully and sympathetically interviewed by competent people, and in this way we endeavour to keep our information as to camp conditions, complaints, needs, and the best ways of helping our prisoners through the next weary months up-to-date.

We want our prisoners to feel that the Red Cross and Order of St. John stand for something in their lives, that some responsible body takes a deep and abiding interest in their welfare and is endeavouring to weave a network of thought and care and knowledge round those unhappy silent people, our prisoners of war.

It is with great pleasure we publish this most interesting report, and commend it to the notice of relatives of prisoners of war.

## IN MEMORY OF MISS EDITH CAVELL.

A cheque for £5 has been sent by the President of the National Council of Trained Nurses of Great Britain and Ireland, from members and societies connected with the Council, to the *Daily Telegraph* Fund for the statue of Miss Edith Cavell, to be erected in London. From a large number of letters received we gather that, as over £500 more than the £2,000 asked for has been contributed for the statue, the groups connected with the National Council, which are chiefly interested in education, would rather contribute towards the foundation of a College of Nursing in Brussels, as proposed by the President, after the war is over, and so perpetuate the work for the training of Belgian women as nurses, to which Miss Cavell devoted the latter years of her life.

A really practical and beneficent memorial of the late Miss Edith Cavell has been proposed by Mr. John Howard, an octogenarian philanthropist, of Brighton, inspired by a desire to honour her memory. He is arranging to build four-and-twenty cottage homes for incapacitated nurses, and to endow each with 10s. a week. To this end he is devoting £30,000. The cottages, to occupy three sides of a quadrangle, are to be built by the side of the John Howard Convalescent Home for ladies in reduced circumstances. This home Mr. Howard built and endowed at a cost of £40,000, but almost as soon as it was opened it was converted into a hospital for soldiers, and is now occupied by wounded officers.

The new cottages will be for the use of trained hospital nurses who, through ill-health or other infirmities, are unable to follow their calling, preference being given to those who have tended the sick and wounded during the present war.

Mr. Howard is a native of Liverpool, and is an engineer. He has resided at Brighton for many years, and built the magnificent Palace Pier there.

Dr. Anna Hamilton, of Bordeaux, has a sympathetic article on the execution of Edith Cavell in *La Petite Gironde*, in which she writes that the Comtesse d'Haussonville has invited all those who care for sick and wounded soldiers to subscribe 50 centimes for a monument of this heroine in Brussels.

The ladies of Durban have inaugurated a fund for the purchase and maintenance of a motor ambulance for the Front as a memorial to Miss Cavell.

## THE ROYAL RED CROSS.

A Royal Warrant, dated November 10th, was gazetted on Tuesday night for enlarging the Order of the Royal Red Cross, instituted by Queen Victoria on St. George's Day, 1883. "For zeal and devotion in providing for and nursing sick and wounded sailors, soldiers, and others, with the army in the field, on board ships, or in hospitals."

The decoration is now divided into two classes. It is provided that the First Class shall consist of a Cross, enamelled red, edged with gold, having on the arms thereof the words, Faith, Hope, Charity, with the date of the institution of the decoration; the centre having thereon in relief the Royal and Imperial Effigy. On the reverse thereof the Royal and Imperial Cipher and Crown shall be shown in relief on the centre.

The Second Class shall consist of a Cross which shall be of the same form and size as in the First Class, but shall be of frosted silver and shall have superimposed thereon a Maltese Cross enamelled red not exceeding half its dimensions, the centre having thereon in relief the Royal and Imperial Effigy. The reverse shall have inscribed on the arms thereof the words Faith, Hope, Charity, and the date of institution of the original decoration, and shall bear in the centre in relief the Royal and Imperial Cipher and Crown.

The Cross in either class shall be attached to a dark blue riband edged red, of one inch in width, tied in a bow and worn on the left shoulder.

The First Lord of the Admiralty, as well as the Secretary of State for War, is empowered to recommend for the decoration any members of the Nursing Services or other persons engaged in nursing duties, whether subjects or foreign persons, for special devotion and competency with the Army in the field or in the naval and military hospitals.

The awards in the first class are not to exceed 2 per cent., and in the second class 5 per cent., of the total establishment of nurses, save in exceptional circumstances. Recipients of the first class will be designated "Members of the Royal Red Cross," and will be entitled to the letters "R.R.C." following their names, and recipients of the second class will be designated "Associates of the Royal Red Cross, and will be entitled to the letters "A.R.R.C." following their names.

Honorary membership and associateship may be conferred on Royal or other ladies for cause shown.

## JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

*Auxiliary Military Hospital, Moor Park, Preston.*—Miss M. Woodfin.

*V.A.D. Hospital, Chippingham, Wilts.*—Miss E. Tomlin.

*V.A.D. Hospital, Hayling Island.*—Miss L. Hogarth.

*V.A.D. Hospital, Garswood Hall, Newton le Willows.*—Miss M. Brown.

*Highbury Hospital, Birmingham.*—Mrs. K. M. Wadkin.

*Brooklands, Weybridge.*—Miss H. L. Oakley.

*Percy House Military Hospital, Isleworth.*—Miss D. M. Mann.

*Military Hospital, Grove Road, Richmond.*—Miss H. A. Bruce.

*V.A.D. Hospital, Copse Hall, Upper Slaughter, Glos.*—Miss C. F. Viliesid.

*Red Cross Hospital, Studley Court, Slough.*—Miss B. E. McCreweher.

*Divisional Clearing Hospital, Bedford.*—Miss G. Baesjou.

*V.A.D. Hospital, Pinner Place, Pinner.*—Miss C. Murison.

*Barham Lodge, Weybridge.*—Miss J. M. Aitken.

*Woodcliff Military Hospital, Wargrave, Berks.*—Miss M. S. Rae.

*Auxiliary Hospital, Nethercourt, Ramsgate.*—Miss A. L. Parsons.

*V.A.D. Hospital, Weir House, Batham.*—Miss D. Kimber.

*V.A.D. Hospital, The Great Hermitage, Higham, nr. Rochester.*—Miss L. E. Humphreys.

*Red Cross Hospital, Ashlawn, Rugby.*—Mrs. Bannister.

*V.A.D. Hospital, Uppingham.*—Miss J. Parkes.

*De Walden Court Hospital, Meads Road, Eastbourne.*—Mrs. E. J. Nye and Miss B. I. Stephens.

*Jeffrey Hall, Sunderland.*—Miss A. McCulloch and Miss M. S. Cuthbertson.

*Polkemet Auxiliary Hospital, Whitburn, Linlithgowshire.*—Miss J. Torrance.

*V.A.D. Hospital, Town Hall, Burton-on-Trent.*—Miss G. Eastwood.

*Red Cross Hospital, Wymondham, Norfolk.*—Miss C. M. Jonson.

*V.A.D. Hospital, New Road, Burnham Crouch.*—Miss E. B. Swan.

*Hillsborough Hospital, Harlow, Essex.*—Miss M. J. Stafford.

*4, Percival Terrace, Brighton.*—Miss J. G. Macleod.

*No. 4 Temporary Hospital, Exeter.*—Mrs. Watson.

*Haslewood, Ryde, I.W.*—Miss Rigdon.

*Victoria Auxiliary Home Hospital, Stretford, nr. Manchester.*—Mrs. Macan.

*The Priory Military Hospital, Frimley, Surrey.*—Miss J. Hickie.

*Red Cross Hospital, Oakhurst, Erith.*—Mrs. C. Bell.

*Vernon Institute Hospital, Gt. Langhall, Chester.*—Mrs. L. Allan.

*V.A.D. Hospital, Balcombe, Sussex.*—Miss F. Prickett.

*Mrs. Jameson's Military Hospital, Rye, nr. Hastings.*—Miss E. J. Hurston (Matron.)

Miss Maughan went last week to St. John's Brigade Hospital, Etaples, to replace a Sister who is returning.



## CARE OF THE WOUNDED.

Thursday this week is "Russia's Day." We shall all be wearing its flag and hope the large supply to be provided will be sold out.

The Army authorities are considering the establishment of eight military hospitals with a total accommodation of something like 30,000 beds on the south coast. Sites have been considered at Bognor, Bexhill, Eastbourne, Hastings, Littlehampton and Worthing.

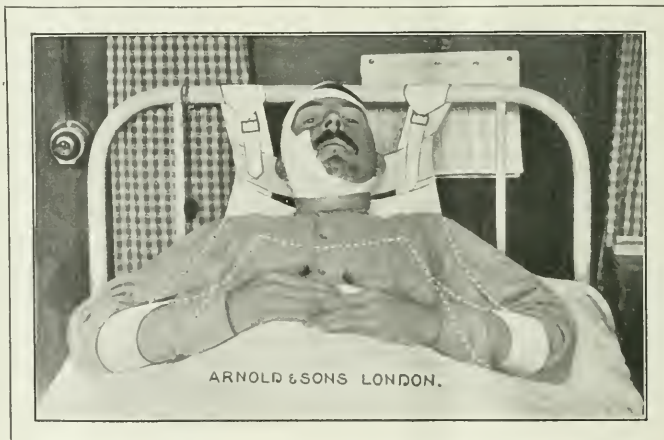
Queen Alexandra and many royalties have signified their intention of being present at the *matinée* in aid of the Australian wounded soldiers at His Majesty's Theatre, on the 19th inst. The success of the *matinée* is already secured, over £1,700 having been received for seats by Friday.

The Joint War Committee intends to provide a Christmas Gift for every sick and wounded soldier in the hospitals under the Red Cross in France, Malta, Egypt, and the Dardanelles.

The "Hoare-Ward" Patent Head and Arm Rest is the invention of Miss Alice Hoare-Ward, a member of the Marylebone Division of the British Red Cross Society. It is intended for use when pillows are too heating, or sufficient are not available. It is made of thick white webbing, gives complete support, is adjustable, portable, and can easily be attached to any bed rail. It folds into a box 7 inches by 3½ inches, and is made in two qualities, price 3s. 6d. and 6s. 6d. The sole manufacturers are Messrs. Arnold & Sons, Surgical Instrument Makers, Giltspur Street, London, E.C. A few of these Rests would make a nice gift for any ward.

Miss Musson, Principal Matron First Southern General Hospital, Bournbrook, recently opened at Queen's College, Birmingham, a sale of work in support of the Scottish Women's Hospitals, in France, Salonika, and Serbia, and not only nurses but all women should be grateful for the liberal minded speech made on the occasion by Lieutenant-Colonel Gilbert Barling.

Lieutenant-Colonel Gilbert Barling, who presided over the opening ceremony, said they were bound to realise that the War was going profoundly to affect their views in many directions; and, if he might venture to prophesy, he would say they were going to take a very different view of the work done by women from that which they held before hostilities began. The way in which women were working in every sphere in which it was possible for them to assist deserved and called for their deepest acknowledgment. Whether it was in nursing and doctoring the wounded, in the munition works, on the trams, or in the post office, or whether it was in the greater sacrifice of giving their children to the service of the country, women were doing their utmost to discharge their duties. He had always maintained that in the medical profession, women should be



THE "HOARE-WARD" HEAD AND ARM REST.

given the same opportunities as men—no fewer and no more. A great many women in the present day had to earn their own living, and in spheres in which they could do efficient work they should be given the same chances as men. He was a strong advocate of the principle of medically educating men and women in the same school. He was certain it was to the advantage of women that they should work alongside men students. He hoped the result of that sale of work would be satisfactory. Serbia was a nation that had suffered during the past fifteen months, and anything they could do to help her would be gladly welcomed by the people of that sorely-tried country.

It was proposed to support for one year a Birmingham bed in the hospital at Kragjevalz—alas! we fear, no longer possible, now that it is in the hands of the enemy.

## OUR ROLL OF HONOUR.

The nursing profession will read with a thrill of pride the story of heroism related by a correspondent of a contemporary, the captain of a French cruiser. The captain in question was instrumental in saving a number of lives of passengers when a British transport was torpedoed a short time ago in the Aegean. On board there were thirty-six nursing sisters, of whom ten were drowned.

When the French boats came on the scene the nurses called out with one accord: "Fighting men first." New Zealand has sent many brave men to fight and die for the Empire, but none braver than the thirty-six trained nurses who calmly faced imminent death that the more men might be saved for the fighting line. We rejoice to know that the first instinct of these our colleagues was love of country.

### NEW ZEALAND NURSING SERVICE.

The following casualties to staff nurses in the New Zealand Nursing Service are reported as a result of the loss of His Majesty's transport *Marquette*—

#### DROWNED.

|                  |                     |
|------------------|---------------------|
| Rogers, 175 M.   | Hilyard, 125 N. M.  |
| Brown, 104 M. S. | Isdell, 130 H. K.   |
| Clark, 108 I.    | Jamieson, 133 M. E. |
| Fox, 118 C. A.   | Rae, 161 M. K.      |
| Gorman, 73 M.    | Rattray, 160 L. A.  |

## APPOINTMENTS.

### MATRON.

**North Devon Infirmary, Barnstaple.**—Miss Marian A. Mann has been appointed Matron. She was trained at the County of Lancaster Royal Infirmary, and had held the following positions: Night Superintendent, Oldham General Infirmary; Sister, St. Mary, Islington, Infirmary; Housekeeper and Assistant Matron, General Infirmary, Gloucester; Matron, Cossham Memorial Hospital, Bristol; Lady Superintendent of Nurses, Bradford Incorporated Nurses' Institution; Assistant Matron, Borough Isolation Hospital, Plymouth; Matron, Cirencester and District Joint Isolation Hospital.

**The Western Hospital, Torquay.**—Miss A. Gough has been appointed Matron. She has previously held the appointments of Matron of the Queen Victoria Hospital for Seamen, Las Palmas, and Matron of the Surbiton Cottage Hospital.

**Sandon Hall Red Cross Hospital, Burslem.**—Miss K. Seymour-New has been appointed Matron. She was trained at the Aberdeen Royal Infirmary and has been sister at the County Hospital, Shrewsbury, Home Sister, Royal Chest Hospital, E.C., and Matron of the Military Hospital, Greenhithe.

### SISTER.

**Birmingham and Midland Eye Hospital, Birmingham.**—Miss E. Miles has been appointed

Sister. She was trained in ophthalmic nursing at the Royal London Ophthalmic Hospital, City Road, E.C.

**Miss D. Marshall** has also been appointed Sister in the same institution. She was trained in ophthalmic nursing at the Central London Ophthalmic Hospital, St. Pancras, W.C. Both Sisters have been Staff Nurses at the Birmingham and Midland Eye Hospital.

**Rochdale Infirmary.**—Miss D. King has been appointed Sister. She was trained at Charing Cross Hospital, and has had experience of private nursing.

**Royal Hospital for Diseases of the Chest, City Road, E.C.**—Miss M. Oates has been appointed Visiting Sister. She was trained at St. Bartholomew's Hospital, and has held the position of Assistant Midwife at the Brighton and Hove Hospital for Women.

**Lodge Moor Infectious Diseases Hospital, Sheffield.**—Miss E. Wilson has been appointed Sister. She was trained at Fir Vale Hospital, Sheffield, where she subsequently held the position of Sister. She has also been Sister at the Norwich Fever Hospital.

**Bolton Infirmary, Bolton.**—Miss V. Stoney has been appointed Sister. She was trained at the Royal South Hants Hospital, Southampton, where she has also held the position of Sister.

### TERRITORIAL FORCE NURSING SERVICE.

Miss A. Macdonald to be Matron, Eastern General Hospital (October 19th).

### QUEEN VICTORIA JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Miss Rosina Blundell is appointed to Gloucester as Assistant Superintendent.

Miss Blundell received General training at Holborn Infirmary, District training at the Metropolitan and Bloomsbury N.A., and holds the C.M.B. certificate. She has since held several appointments under the Institute.

Miss Gertrude Mitchell is appointed to Derby C.N.A. as Assistant Superintendent.

Miss Mitchell received General training at St. Marylebone Infirmary, District training at Windsor, and holds the C.M.B. certificate. She has held several appointments under the Institute including that of Superintendent of Darwen.

Miss Edith A. Rose, is appointed to Sussex C.N.A. as Assistant Superintendent, Health Visitor and Lecturer.

Miss Rose received General training at the Queen's Hospital, Birmingham and Walsall Hospital, Midwifery training at Gloucester, and District training at East London (Central). She has since held several appointments under the Institute.

Miss Rosa E. Heald is appointed to F.terne, Miss Alice M. Kenyon to Rammarsh and Parkgate, Miss Clara S. C. Little to Hammersmith, Mrs. Hannah J. Maden to New Milton, Miss Eva W. Owen, to Preston Patrick.

## NURSING ECHOES.

The governors of the Tower Hamlets Dispensary, which is now being closed, have, we understand, on the suggestion of Mrs. Reidy, decided to devote the assets of that institution to extending the scope and improving the service of the East London Nursing Society. In addition to this it is proposed to ask the subscribers to the Dispensary to transfer their support to the East London Nursing Society. Mrs. Reidy, who at one time nursed for the Society, considers that the augmented income should be devoted to providing more nurses, better salaries, and improved homes, a programme which we heartily endorse. She advocates the establishment of one or two central homes, and that the Society should be entirely undenominational in its scope, so that it may be at the service of the whole community. Now is the time to strengthen its work so as to prepare for the epidemics which will probably break out after the war.

The report of the Society states that the work tends to increase rather than to diminish, and that the absorption of some hundreds of beds in the London Hospital for sick and wounded soldiers and sailors means that more of the civic population of East London must be nursed at home.

For some time past, and particularly since the outbreak of war, the need for a central meeting-place for the nurses in Bristol has been felt, and through the efforts of Mrs. Cary Batten, Miss Harvey, Matron of the 2nd Southern General Hospital, and others, excellent premises for the purpose have been secured at 84, White Ladies' Road, and the Bristol Nurses' Club was opened, on November 9th, by Mrs. Cary Batten.

The club, which will provide a welcome centre for nurses in their off-duty times, is run on purely social lines, and is open from 9 a.m. to 9 p.m., including Sundays. The rooms are comfortably furnished, and light refreshments, tea, &c., may be obtained. There is a library and writing-room, and members, who will be introduced by the Matrons of the various hospitals and institutions, will have the right to introduce a friend. N.U.T.N. members from any part of England will be admitted on production of badge. The subscription is 5s. a year.

Mr. Richard Cross, who presided at the opening ceremony, said that as one of the senior medical men in the city he regarded it as a great privilege. Contrasting the conditions of nursing in the Crimean War with those

at the present day, he said that at that time Florence Nightingale was almost the only capable person to deal with the sick; now cultured and educated women in all parts of the country were serving. The President of the Club is the Duchess of Beaufort, and Miss Harvey (Matron 2nd Southern General Hospital), Miss Baillie (Matron Royal Infirmary), and Miss Mattick (Children's Hospital) are Vice-Presidents. The Treasurer is Col. Cary Batten, and the Secretary, Miss Johnstone.

The Leeds District Nursing Association calls attention to the fact that there is now available throughout the city the services of a visiting nurse, who will attend for a small fee at the homes of those who are not eligible for free nursing. This is an innovation which is intended to meet the requirements of those who, while not enjoying the means adequate to engage a nurse's whole services in cases of illness, are still able to pay for occasional visits.

Sir William James Thomas has given to the King Edward VII Hospital, Cardiff, a sum of £200, to be used as an endowment fund, the interest to be applied to the yearly purchase of a gold and silver medal to be awarded to the best nurses of each year. The nursing committee has unanimously passed the following resolution:—"That the nursing committee records its most cordial and grateful thanks to Sir William James Thomas for his continued interest and generosity to the hospital, and particularly in providing for a long-felt want by this endowment."

At a meeting of the Board of Management the Chairman, General H. H. Lee, said Sir William James Thomas seemed to go about trying to discover what people wanted in order to give it to them.

Dr. Herbert Vachell voiced the appreciation of the medical and nursing staffs, saying the medals brought them into line with other great hospitals, and would inspire their probationers to greater efforts to qualify themselves for the highest positions open to them.

We have had occasion to criticize the action of Committees in summarily dismissing members of their nursing staffs on frivolous pretexts; in the instance now before us a nurse was the offender. At a recent meeting of the Wrexham Board of Guardians the resignation of the Superintendent Nurse at the Infirmary was tendered. She intimated that she had intended to resign the previous week. In a further letter she asked to be released that day. Such a demand is most unreasonable.

The Dowager Marchioness of Dufferin and Ava presided at the eighteenth annual meeting of the Bangor District Nursing Society recently held in the Dufferin Hall, Bangor.

In presenting the President's report, Lady Dufferin said that the work of the Society had now been carried on for nineteen years, and during all that time the nurses had done their utmost to relieve suffering, and had, without exception, gained the confidence of the poor patients of the place. That alone should be a sufficient appeal for subscriptions. But she pointed out further that now that most people were better informed with regard to hygienic conditions than they were twenty years ago they were better able to appreciate the value of a nurse in all those cases where surgical cleanliness, disinfection, &c., were needed as preventive measures. They understood better the necessity for employing fully trained nurses when they realized how much might depend on their ability to carry out the doctor's orders intelligently. She pleaded for the support of every householder in Bangor on the dual ground of the comfort of the poor, and the very real help given to them, and the benefit which district nursing was to the community.

The Special Committee of Ladies of the Order of the Hospital of St. John of Jerusalem in England, of which Her Majesty the Queen is President, have undertaken to supply Christmas presents for the patients in the St. John Brigade Hospital in France, and, if possible, in all the hospitals at Havre, as was done last year from St. John's Gate.

The Sub-Commissioner at Havre, in expressing his gratitude for so kind an offer of help, points out that the undertaking will be rather a big one, as the probable number of patients in Havre at Christmas will be 1,500. He mentions the following gifts as most suitable:—Christmas-tree decorations (old and new), crackers, tobacco pouches, pocket knives, vanity cases, pencil cases, drinking cups, pipe lighters, pipes, housewives, pocket books, soap boxes, razors, small packs of cards, chocolate boxes. It is hoped to dispatch the gifts early in December.

#### THE PASSING BELL.

We greatly regret to record the death of Mrs. Sarah Arthur, a nurse well known to many of our readers as one of the early members of the British Nurses' Association, and one who was imbued with strong professional feeling. Mrs. Arthur died on the 12th inst. at the home of her youngest daughter at Slough, and her funeral took place at Slough Parish Church on Tuesday last.

## METROPOLITAN ASYLUMS BOARD (HOSPITALS DEPARTMENT).

### EXAMINATION OF NURSES, OCTOBER, 1915.

Seven staff nurses, thirty-four probationers, and four assistant nurses entered for Class I of the examination of the Metropolitan Asylums Board, held in October last for nurses in the Board's Fever Hospitals, and six staff nurses, twenty-four probationers, and the four assistant nurses passed the examination.

Twenty-two assistant nurses entered for the examination in Class II, and of these fourteen passed.

### LIST OF SUCCESSFUL CANDIDATES.

#### CLASS I.

*Staff Nurses.*—C. McElroy and H. J. Watson (Eastern Hospital), D. A. E. Pope (Park Hospital), G. J. Dane, H. E. Knapp, and L. Elphick (South Western Hospital).

*Assistant Nurses.*—A. Matthews (P.), C. Knight (P.), M. Kidd (P.), A. Cole (P.)

*Probationers.*—E. Hewitt (Western), Gold Medal; C. A. Lachlan (North Eastern), Silver Medal; A. K. Ellis (North Eastern), Bronze Medal; D. P. Fenn (E.), M. M. Toddie (N.W.), J. S. Duncan (S.W.), A. F. Trist (N.E.), M. M. Whybrow (N.W.), R. Ireland (E.), H. G. Turnbull (S.W.), M. E. Cox (N.W.), D. F. Knightley (S.W.), M. Roberts (N.E.), C. M. Bloodworth (S.W.), N. M. Pritchard (E.), M. T. Cullen (N.E.), L. Davison (S.W.), A. I. C. Robertson (S.E.), E. Baldrey (N.E.), I. Croft (S.W.), A. Cowles (G.), G. Stanford (N.E.), E. McHugh (S.E.), M. Meredith (S.E.)

#### CLASS II.

*Assistant Nurses.*—M. Downs (W.), D. David (G.), J. M. Gross (N.E.), E. L. Brooke (S.E.), L. Cammeh (N.W.), E. M. Flannery (G.), D. E. Miles (N.E.), I. M. Scatchard (N.E.), M. A. Marsh (N.E.), E. Morah (G.), A. North (G.), M. E. Harris (G.), D. M. Gill (G.), E. E. Jackson (N.E.)

### WEDDING BELLS.

The marriage of Sister Joan Edith Burr and Mr. Russell William Davies took place at Shorne, on Wednesday, 17th inst. Sister Burr was trained at the London Homoeopathic Hospital, where she worked for nearly seven years and has been a member of the Staff of the Registered Nurses' Society since 1910. After so many years' good work in the nursing profession her colleagues very sincerely wish her every happiness in her married life. Mr. and Mrs. Davies will reside at Gillingham, Kent.

### WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations: Mrs. Tuckett, £1 1s.; Miss Lucy C. Cooper, 5s.



## OUR FOREIGN LETTER.

## THE CABIN-TENT AND HEALTH—CURIOUS COLONIES OF ODD-SHAPED TENTS USED BY THE HEALTH SEEKERS OF COLORADO.

By FELIX J. KOCH.

Breathe it not in Gath, but the poor bookseller's boy from the Queen City, whose family put together every possible cent they could raise in order to send him out to Colorado, is doing very nicely, thank you, and you'll find him occupying a cabin-tent in the open, near Colorado Springs. In fact, if you've a mind to visit him, it's just fifteen minutes by trolley from the city's heart

finishing touch, there are electric lights and electric call bells beside. In order that there may be individual heat to hand, hot blast stoves have been put in. What with these stoves, and again the ventilators at the top of the funnel-shaped roof, it is possible for the health-seeker to use his cabin the year round.

While built primarily for one tenant each, these tent-cabins can accommodate two persons each. Sometimes patient and relative are housed thus, proper precaution being taken that the latter does not contract the disease.

Nor do the projectors of health-seekers' camps save money by use of the tent-cabins; it is simply a case of their best subserving the end, of pursuit

of health. The bungalow costs no less than the tent-cabin, for the latter will range in price anywhere from \$150 to \$300 each. The cabins are reinforced at every angle and have other touches beside and this runs up the expense.

A cabin-tent colony in the Pike's Peak country of Colorado will consist of perhaps sixteen cabins, and there will be from twenty to twenty-five patients at a time.

The cabins radiate from some great open-air recreation pavilion, so built as to be heated at both ends when



CABIN TENTS FOR HEALTH SEEKERS, COLORADO.

to Knob Hill and there you may inquire the way for yourselves.

Whatsoever, the bookseller's boy has had a most remarkably successful pursuit after health and much of this success is claimed to be due to the unique cabin tent-camp where he's to be found.

These camps are a comparatively new institution, even in that health-seeker's happy hunting ground, Colorado. They are intended primarily for the tubercular sick and consist of series of tents of unique form, to which, for want of better name, the title of "cabin" is given.

A cabin-tent, however, is quite different, indeed, from what the word cabin implies as a rule. The tent, to begin with, rests on a foundation of brick, the floor is of wood; there is a shingle roof. The sides of the tent are of canvas, and, by way of

weather requires, and here billiards, pool, and various games await who would choose to play. A great fireplace at one end is a favourite rallying-place, making things comfortable, however cold it may be, and spreading its warmth so that the tubercular folk may play substantially all their favourite games in the open.

All the tenants of these cabin-camps are, of course, tubercular folk and, necessarily, temporary only. The average duration of stay is estimated at a year, some remain far less. Often the patient may be a boy, sent out to Colorado to "build up" and staying at the camp until he gets established. Again it is some pre-tubercular case going home, practically cured, or some consumptive with the disease arrested. But in almost every case the patients do not take enough time, once they're well, to get the body fully established, and they

insist on going off, unhappily to their ultimate harm. Not, of course, that it is the environment that drives them to want to take departure. The tent-cabin colonies insist that there shall be the atmosphere of the home, rather than of an institution, but folk who have been sick with some disease that is not keeping them abed grow restive as they grow well, have little liking for the company of other sick, and want to be out and away. What is more, the home atmosphere dispels the *heim-weh* (home-sickness), which is often the hardest factor to cure.

Twenty-five patients, come seeking health, have many needs of course, and so, at the tent-colony, there is also a so-called "utility house," fitted with special lavatories and baths and the like, to suit every phase of convenience.

With all this, though, a patient comes to prefer his own cabin best, and when indoors at all each is usually to be found there. Cabins, for example, have advantage even over porches to read, for the cabin does not possess the glare and so there is always a very good light. What is more, a cabin can be made comfortable, inside of five minutes, for giving a patient a "bed bath"—and this in all kinds of weather—as few other structures can. Still again, in such cabin one is freed of the annoyance of the best-intentioned neighbours.

Three nurses are maintained at a tent-cabin colony, and one of these is always on duty with the cabin folk.

Away up here, at an elevation of 6,300 ft., they give the patients vaccine and serum treatments—artificial neurmothorics—see to their rest and food, and look after the matter of recreation.

For all of which patients pay but fifteen to twenty dollars a week here, which is not excessive when one considers what a *well* man pays to board at home.

Out of all of which comes the success of the tent-cabin colony over all other media. Its novelty appeals, its service is good, its patrons go forth pleased, so that to-day it takes first rank among the goals of the seekers after health in the health-seekers' Paradise, Colorado.

At a meeting of the supporters of the Battersea General (Anti-Vivisection) Hospital, the Chairman, Lord Tenterden, said the meeting had been called owing to the unavoidable disadvantages under which the hospital was labouring. They were in a most serious position. Their very existence as a hospital was at stake, and if funds were not forthcoming the work would have to be curtailed or even abandoned. Considering the really excellent results he could not believe that such a catastrophe would be permitted. They had not only ministered to the civilian sick poor but had done much for wounded and disabled soldiers. The hospital, which is situated in the Albert Bridge Road, near the park and the river, began, before the war, to build a much needed outpatient department, which partly accounts for its financial difficulties.

## BOOK OF THE WEEK.

### "IN BRIEF AUTHORITY."\*

This is a fairy story for grown-ups. Mr. Anstey of course is well known as a writer of farcical fiction. In this time of stress and strain when even the young feel old, it is not a bad idea to present a work such as this in the pages of which one can for an hour or two slip off grim reality, and imagine oneself back in regions of the "make believe" of our childhood.

Mr. Anstey is careful to explain in the preface that three-fourths of the book were written "in those happy days which now seem so pathetically distant, when we were still at peace. . . as the central idea of this story happens to be inseparably connected with certain characters and incidents of German origin. . . because it would be difficult, if not impossible, to substitute any others, but mainly because I cannot bring myself to believe that the nursery friends of our youth could ever be regarded as enemies."

So we can enjoy our tale without imagining that topical problems have to be construed from it. The Wibberley-Stimpsons of "Inglegarth," Gablehurst, are typically vulgar well-to-do inhabitants of a typical suburb. The family consisted of Mrs. and Mr., Clarence, Edna, Ruby, and Daphne Heritage the governess. At the time the story opens a local Historical Pageant was in process of formation. Mrs. Wibberley-Stimpson is of opinion that she and her family inclusive are the most suitable to personate the Royalty, and is endeavouring to impress Lady Harriet, who is calling on her about the character of a servant, with the same point of view.

Lady Harriet, without betraying any sign of mirth, takes her departure, leaving Mrs. W.-S. under the impression that she has carried her point. The same evening, when the Wibberley-Stimpsons are about to sit down to dinner, they hear a strange kind of flapping whirr in the air, and a moment later a shrill clear call which seems to come from silver trumpets "Very odd," said Mr. Stimpson. Then the drawing-room door was thrown open and two persons wearing tabards and gaily plumed hats, entered. A third person then entered, who fell on his knees before Mrs. Stimpson, and kissed her hand with deep respect. "Heaven be praised!" he cried, in a voice that faltered with emotion. "I have found the Queen we have sought so long in vain!"

The family naturally concluded that this was all part of the pageant, and regarded the summons to accompany their strange visitors as an invitation to a rehearsal. They enter a strange looking car, drawn by storks, and up and away they fly to Magic Land and a Magic Kingdom.

The funny part of it is that, *au fond*, the Wibberley-Stimpsons remain the Wibberley-Stimpsons the whole time. The Coronation was arranged to take place at once on their arrival, which was by this time early morning.

\* By F. Anstey. Smith, Elder & Co., London.

"I don't care much myself," said Mr. W.-S., "about being crowned on an empty—without having had something to eat, if it's only an egg."

"If they're going to crown the gov'nor in a dinner jacket and white tie," Clarence muttered, "we shall never hear the last of it, that's all."

The Coronation procession now started with great pomp and ceremony. By this time the Wibberly-Stimpsons were convinced that it was the real thing and not a pageant rehearsal.

"You needn't have said that about doing our best to give satisfaction, Sidney," complained his wife, "for all the world as though we were a butler and housekeeper applying for a situation."

At the banquet which followed poor King Sidney hoped that crowns would not be *de rigueur*. "They are such uncomfortable things to eat in."

"All you've got to do, gov'nor," said Clarence, "is to keep your nose from splashing into the soup. A bit of elastic round your chin would do it all right."

Well, everyone knows it takes a clever man to be a fool, and we must not be too superior to enjoy the fooling of a clever man.

H. H.

#### AN EXAMPLE TO BRITAIN.

The Women's Franchise Act, by which all adult women in Norway are entitled to the Parliamentary vote, came into force on October 11th, and 170,000 new women electors voted on that day. In 1907 the Act which removed the sex disqualification in Norway added some 300,000 women to the electorate, of those who possessed a certain income of their own, or were married to husbands paying taxes on the same amount. The extension of this right to all women is the best evidence of the good use made of the vote by those enfranchised in the first instance.

#### COMING EVENTS.

November 18th.—Central Midwives' Board, Monthly Meeting, Caxton House, S.W. 3.30 p.m.

November 20th.—Conference on Massage, Women's University Union, Lime Grove, Oxford Road, Manchester. Opening Address, afternoon and evening, Miss Lucy Robinson, Chairman of Council I.S.T.M. 2.30-5 p.m., 6.30-9 p.m.

November 23rd.—Irish Nurses' Association. Lecture on "Bone Diseases," by Mr. MacAuley, 34, St. Stephen's Green, Dublin. 7.30 p.m.

November 23rd.—Royal Sanitary Institute. Sessional Meeting. Discussion on "The National and Social Aspect of the Lower Birth Rate." Opened by Dr. Louis Parkes, M.D., D.P.H. 4.15 p.m.

#### A WORD FOR THE WEEK.

Life is a work—begin it.

Life is a battle—win it.

Life is a pure heart—shield it.

Life is a sceptre—wield it.

#### LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

#### MISS CAVELL AND THE GERMANS—THE GIST OF THE WHOLE MATTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have been following the correspondence in THE BRITISH JOURNAL OF NURSING, *re* Miss Cavell, with interest. Strange to say that while I was in France, from all I saw and heard, I had come to the same conclusion as Mr. Yearsley has expressed, *viz.*, that Germans should be nursed by orderlies and not by women nurses. Why not? Women have *not* held the same position in Germany they held in civilised countries before the war. Since the war the German army has treated women with open savagery. We all know how they behaved in Belgium; they have done the same with the women of the invaded part of France. The French have chosen silence instead of publicity, until the day of reckoning comes. The gist of the punishment they meted out to Miss Cavell was only a form of snapping their fingers at the British nation, and a threat as to what fate awaited their women should they invade England. A Tommy wrote to me the other day, "Poor Nurse Cavell! But this is what they would do, and worse still, if they crossed the Channel, to our women and children."

It would indeed be narrow-minded to condemn every German or judge all as ungrateful for the kindness they have received from English nurses, but who can deny many cases of coarseness, of insolence and arrogance towards English nurses. Why expose themselves to it?

Once owing to an overflow they sent me some of those uncivilised tribes such as Algerians and Sengalese during the night. Next morning one of the French wounded officers, much concerned, came to me and said, "Madame, I need hardly tell you, for you have lived in the East, to be careful with those Mohammedan men; they would not understand or respect ladies nursing them; they would either take you for a servant, or worse still." "Monsieur," I answered, "be reassured. When I went into their room this morning every one of them rose and bent down and kissed my hand reverently." They had understood what the Germans have not.

Woodberry,

Hindhead.

Yours faithfully,

E. R. WORTABET.

#### AN INDEFENSIBLE SYSTEM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am glad to notice in the JOURNAL that one of your correspondents is protesting against the use, by sundry untrained workers, of the nurse's uniform and Army Sister's cap. I know that many nurses feel out

raged at the way in which a uniform which ought to indicate that its wearer is a nurse, trained or in training, is used by every kind of woman for every kind of purpose, thereby depreciating its honourable significance and purpose.

Of course, the chief means we have of combating this abuse is to work unceasingly to secure the passage of our Registration Bill, for until nurses have legal status their professional standing will be subject to attack on all sides.

With registration there would not be the same inducement for untrained people to masquerade in our professional uniform, because as they could not, without legal penalty, pretend that they were registered nurses, there would not be the same reason for pretending that they were nurses.

I am, dear Madam,

Yours faithfully,

MARY JAMES.

#### A NET OF MONOPOLY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I think that trained nurses have now realised how hopeless is their condition, as practically a monopoly of their work, not to say liberty of action, is so closely controlled by the Army Medical Service and the Red Cross Society. Any untrained respectable person who wants to go to France on business can do so as heretofore, so long as his passport is in order, but *thoroughly trained professional nurses* are harried on all sides by the War Office, Anglo-French Committee, and the Passport Office, who have combined to make it impossible for us to retain our liberty of action if we desire to work in France free of their control. My claim is that a trained nurse has as much right to go to a foreign country, if she wishes to serve there, as any other working woman, if her passport is in order, without being caught in a net of monopoly by the Red Cross Society just because her skill is specially useful to it. We shan't forget after the War the vexatious manner in which we have been treated and harassed by the civilians who have grasped all power over us. Nothing could be more typical than the manner in which our colleagues at the Endsleigh Palace Hospital have been treated by the vulgar rich. One of these injured women said to me, "Henceforth I am a Socialist," and another said, "As we came out into Whitehall after our appeal to the War Office I realised for the first time why the Suffragettes smashed Government windows." A good many nurses are beginning to realise it.

Yours truly,

THREE YEARS' CERT.

[The more we hear of the manner in which the Endsleigh Palace staff have been maligned and their characters vilified, the more we realise how dangerous it is for trained nurses to risk their good names in this institution, where apparently the "family committee" have *carte blanche* to treat them as they choose, although the British taxpayer, and not the Committee, pays something like £100 a week for its upkeep.—ED.]

#### PLUMS FROM THE PUDDINGS OF THE POOR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—A certain Board of Guardians recently decided it to be their unpleasant duty to, this Christmas, reduce the ample fare usually provided for officers and inmates. It was felt that while many ratepayers were so hardly pressed at this time, it was not fair that they should be asked to provide for others things that they could not procure for themselves. Many members of the Board associated themselves in the intention of abstemiousness in Christmas luxuries, and asked the household to be willing to do their "bit."

But while Guardians are engaged in extracting a percentage of plums from the puddings of the poor, our civic rulers are enjoying a banquet costing £850. *Inside* the Mansion House, turtle soup at 41 is. a quart; *Outside*, a collecting box bearing a label, "For the starving in Belgium." Apparently, after these long months of splendid self-sacrifice from our lads at the Front, "Feed the brute" still holds good in high places.

I am, dear Madam,

"A MERE WOMAN."

The City Fathers and their political guests have lost a glorious opportunity of practising what they preach. The price of a quart of turtle soup would keep twenty-one people in Poland from starvation for a week, and the cost of the banquet go far to provide the ambulances lacking which, the brave soldiers of our Belgian Allies, shattered with shell wounds, must lie out uncared for until past medical aid. It seems almost like murder to gobble up nearly a thousand pounds at one meal, considering the appalling conditions in which thousands of human beings exist at this crisis.—ED.]

#### REPLIES TO CORRESPONDENTS.

*An Admirer of the BRITISH JOURNAL OF NURSING.*—Please send name and address to the Editor, not for publication, but in order to comply with the rule of this Journal, as no anonymous letter is accepted for publication.

#### FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed by arrangement with the Hon. Secretary, 60, Nevcrn Square, Earl's Court, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, November 19th, and Monday, November 22nd, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing is an additional advantage.

#### OUR PRIZE COMPETITIONS.

*November 27th.*—What devices can a nurse employ in caring for a patient suffering from sleeplessness?

*December 4th.*—Outline the nursing care of exophthalmic goitre following operation



# The Midwife.

## THE CENTRAL MIDWIVES BOARD.

### OCTOBER EXAMINATION.

At the examination of the Central Midwives Board, held in London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne, on October, 1915, 527 candidates were examined, and 422 passed the examiners. The percentage of failures was 19.9.

#### LONDON.

*British Hospital for Mothers and Babies.*—D. Wragge.

*City of London Lying-in Hospital.*—M. E. Bamber, E. M. Blanch, M. A. Christie, M. E. Dallimore, O. E. Peake, C. G. Pemberton, G. E. M. Rowe, M. L. Upton, E. W. Venables, D. H. Waller, O. M. Wells.

*Clapham Maternity Hospital.*—E. C. E. Brown, E. F. Pitt, B. Popham, M. Pyser, C. A. Reynolds, H. E. Taylor, E. Wood.

*East End Mothers' Home.*—E. Batey, I. Forster, L. Goodfellow, M. E. Grigson, H. Lauterstein, L. A. Manara, D. Mellowes, E. E. Mercer, E. E. Peppiatt, A. E. Robinson, E. E. Stuart, C. F. Whitbread.

*General Lying-in Hospital.*—W. N. Ashton, G. Bean, E. Blake, A. Cameron, V. H. Elphick, L. Harris, B. Hill, A. F. Hollis, L. Jacques, A. M. Kelly, M. E. Massey, M. Myatt, H. M. Oakley, A. I. Reynolds, S. E. Smith, L. Stanser, J. Tunwell, E. R. Watts, E. Wiles.

*Greenwich Union Infirmary.*—F. M. Neale, E. F. Prickett.

*Guy's Institution.*—R. S. Blyth, F. E. May, M. J. Sinclair, G. M. Tovey, M. B. West.

*Kensington Union Infirmary.*—A. H. Rawlins. *Lambeth Parish Workhouse and General Lying-in Hospital.*—M. G. Cook.

*London Hospital.*—A. Bullen, N. M. L. Clark, M. M. I. Harvey, M. Little, M. Mangham, D. E. Seymour, A. Stanton, E. S. Stevens.

*Maternity Nursing Association.*—N. Mant, F. M. Newman, L. Rawlinson, S. Wagstaff, E. F. Webster.

*Middlesex Hospital.* W. J. Walker, J. K. Whiteside.

*Plaistow Maternity Charity.*—B. Batten, V. Bennett, E. Bond, D. M. Bradley, L. Brown, S. A. A. Burrows, M. A. Carr, J. M. Davis, E. Duncan, L. J. Evans, I. Feneley, W. M. V. Filippini, F. E. Hague, M. Harvie, M. H. Hentsch, C. G. Hughes, M. Hunt, M. Jones, A. Kilgannon, M. A. S. Kinsman, M. Lloyd, E. M. Moore, A. D. Morris, B. E. Pearce, A. Powell, E. Pritchard, K. M. Pritchard, M. Ridge, E. A. Roberts, M. H. Roberts, E. Salmon, I. A. Vint, A. Webb, E. A. Welford, C. Whittall, H. A. Williams, E. M. Wood.

*Queen Charlotte's Hospital.*—J. E. Armistead, I. McL. Bell, J. A. J. Cammann, M. Canfield,

C. A. M. Coleman, F. E. Dale, F. A. Darling, A. C. Edwards, E. Gardner, A. Goudge, M. C. Grant, F. M. Greetham, A. Hardie, L. H. Haskew, H. I. Heath, G. Irwin, G. Jenkins, J. Rogerson, S. E. Russell, E. A. Smith, F. L. Smith, J. E. Stockman, M. E. Thurnham, L. M. Widdowson, C. A. Wilson.

*Salvation Army Mothers' Hospital.*—S. Bywater, M. H. Carnall, L. K. Corbett, K. F. Fox, M. B. Gow, E. K. Grove, A. Lilley, O. M. Randall, L. F. Read, A. G. Williams.

*Shoreditch Union Infirmary.*—E. Henley. *St. Bartholomew's Hospital.*—L. E. Barnett. *University College Hospital.*—C. E. Brown, M. A. Shepherd.

*West Ham Workhouse.*—G. E. Dade. *Whitechapel Union Infirmary.*—L. E. Leigh. *Willesden Union Infirmary.*—J. S. Arnold.

#### PROVINCES.

*Aldershot, Louise Margaret Hospital.*—M. C. Davies, A. Simmons.

*Aston Union Workhouse.*—E. G. Badman, M. Ragg, E. Rawes, F. Stephenson.

*Birkenhead Maternity Hospital.*—D. Delaney, A. Hill, M. M. McGarry, F. M. Roskilly, E. Stanier, S. C. Wilson.

*Birmingham Maternity Hospital.*—B. E. Barratt, L. M. Cooper, N. G. Harvey, A. Reynolds, A. Sharp, B. Williams, E. Williams.

*Birmingham Workhouse Infirmary.*—M. Stewart. *Bradford Union Hospital.*—G. M. Clay, E. Wilson. *Brighton Hospital for Women.*—H. E. Clark,

A. M. Dowding, A. M. Harris, E. S. Matthews, E. A. Murphy, E. Paddison.

*Bristol General Hospital.*—V. Fisher, L. V. T. Johns, E. E. B. Yeeles.

*Bristol Royal Infirmary.*—A. G. Browne, A. B. Green, E. L. Long, F. E. Perry.

*Cheltenham District Nursing Association.*—E. F. Chapman, A. M. Kenyon, E. W. Owen.

*Chester Benevolent Institution.*—E. A. Newbold, C. H. Smith.

*Coventry Union Infirmary.*—L. M. B. Richards, A. Watson.

*Derby, Royal Derby Nursing Association.*—E. Cooper, H. Gagg, L. M. Grass, M. Gray, M. K. Newcombe, E. P. Read, M. F. Shiell.

*Devon and Cornwall Training School.*—L. Pearce, L. I. Scott, H. E. Warden, M. P. Wills.

*Eastbourne Workhouse Infirmary.*—E. R. Ollis. *Gloucester District Nursing Society.*—A. F. Battersea, R. E. Heald, H. J. Maden.

*Hull Lying-in Charity.*—M. H. Clarkson. *Ipswich Nurses' Home.*—S. A. Dunham, M. Gillman, R. Hardingham, E. M. M. Morris.

*Leeds Maternity Hospital.*—E. Bowes, M. L. Brown, F. L. Edwards, L. J. Hanham, M. E. C. Peacock, E. Pinder, E. S. Pitt, A. E. Pridmore, E. Steele, Y. V. Stock, M. A. Wagstaff, H. R. Wakefield, A. Watkinson, H. E. Weaver.

*Leicester Maternity Hospital.*—Z. E. Mitchell, S. Riley.

*Leicester Union Infirmary.*—J. Burroughs, O. A. Hawes, L. F. Smith.

*Liverpool Maternity Hospital.*—E. Bowker, E. Burch, D. Cochrane, E. Cornell, M. E. Cottrell, M. Davies, F. N. Dodd, M. Fleming, E. Forshaw, F. S. Francis, F. Gibson, G. L. S. Hallworth, F. G. Haselden, M. Johnson, S. H. H. Jones, M. E. Kearns, J. Lacon, R. M. Lucas, J. Pearce, A. Peet, G. Smith, M. D. Stevenson, A. Taylor, E. T. Thorniley, F. Williams.

*Liverpool Workhouse Hospital.*—M. E. Whittingham.

*Manchester, St. Mary's Hospitals.*—I. Best, L. Davies, B. Edwards, L. Gillott, D. Harper, E. Holland, L. F. Horsfield, K. E. Kirby, E. Moulton, R. L. Parkinson, L. R. Kidgway, C. Rowbotham, G. Sykes, E. Taylor, E. R. Taylor, E. A. Walker. *Manchester, Withington Hospitals.*—E. Haynes, C. Nuttall.

*Manchester Workhouse Infirmary.*—E. Standing. *Newcastle-on-Tyne Maternity Hospital.*—E. M. Hutton, E. Liddle, B. McHardy, F. M. Roberts.

*North Bierley Union Infirmary.*—K. M. Tordoff. *Norwich Maternity Institution.*—E. Culpin.

*Reading Union Infirmary.*—E. J. Scarlett. *Rochdale Union Workhouse.*—M. Grayson.

*Sheffield, Jessop Hospital.*—F. Earnshaw, E. White.

*Southampton Union Infirmary.*—A. J. Ryder, A. L. Jones.

*Staffordshire Training Home for Nurses.*—I. A. Atkinson, E. Davies, F. A. Fletcher, M. Prince.

*Walsall Union Workhouse.*—E. H. Barrett, F. M. Johnson, E. Parker.

*Walton, West Derby Union Infirmary.*—M. Bunnagar, M. Williams.

*Windsor, H. R. H. Princess Christian's Maternity Home.*—M. P. Lowe, A. Rance.

*Wolverhampton District Nurses' Home.*—C. Tarbuck, L. Wiseman.

*Worcester County Nursing Association.*—A. Davis, E. Hemmings, E. M. Murray, L. Wiseman.

*York Maternity Hospital.*—A. Buckley, M. B. Nixon.

#### WALES.

*Cardiff, O.V.J.N.I.*—M. Davies, M. A. Osgood. *Monmouthshire Training Centre.*—M. Davies, H. P. Digwood, M. Jones, A. C. Monaghan, R. H. Raymond, N. M. Shelton, A. A. Woodman.

#### SCOTLAND.

*Aberdeen Maternity Hospital.*—A. M. Spence. *Dundee Maternity Hospital.*—R. D. Colville, I. C. Dewar, J. Howarth, C. J. Jermyn, M. M. Kerr, W. H. Linton, D. Taylor, F. M. Thomson.

*Edinburgh Royal Maternity Hospital.*—M. M. B. Cunningham, S. A. M. Danks, J. C. Denoon, M. Husband, A. Jenkins, J. H. Shaw, A. M. Tough, J. Wone, C. A. Wood.

*Glasgow Eastern District Hospital.*—E. D. Lockhart, M. A. McBeth, S. McLean.

*Glasgow Maternity Hospital.*—M. Cooke, M. Hogarth, H. Kilpatrick.

#### IRELAND.

*Belfast Incorporated Maternity Hospital.*—R. McKernan.

*Belfast Union Maternity Hospital.*—A. Baihe, J. Barrett, A. McGarrell.

*Dublin, Rotunda Hospital.*—H. J. Hemus, E. B. Marsh, M. M. Salmon.

#### PRIVATE TUITION.

A. H. Adam, J. Best, M. A. Binns, M. C. Bradbury, E. K. Brown, M. E. Brown, M. A. Chalmers, M. Clarke, N. Clarkson, F. A. Clement, H. C. Cooper, M. M. Dawson, F. Dow, L. English, M. A. Evans, J. I. Fender, G. F. Finger, A. M. Fry, I. J. Gemmell, I. Hannay, A. M. Hemmings, K. E. Hiscocks, W. M. Hutt, M. J. Jones, M. M. R. Judd, H. J. Llewellyn, V. Logan, C. McKendrick, S. Morgan, H. Moriarty, E. A. Nelson, J. A. Owen, C. A. Roberts, G. C. Robinson, S. Robinson, M. Scollick, M. A. Studholme, M. M. Travers, Drapes, N. J. Walker, E. West, P. Wright.

#### PRIVATE TUITION AND INSTITUTIONS.

*Birmingham Workhouse Infirmary.*—L. Pryor. *Cheltenham District Nursing Association.*—E. Gascoigne.

*East End Mothers' Home.*—H. C. Ruffie. *General Lying-in Hospital.*—J. Lawrence, C. H. Mackay.

*Huddersfield Union Workhouse.*—G. K. Denial, E. A. Keen.

*Kensington Union Infirmary.*—M. Bryant, C. H. Cooper, F. F. G. Hendley, M. A. Levack, M. L. Oxley, M. Simpson, A. Speak, V. R. Watts.

*Leeds Maternity Hospital.*—H. Cousin, F. Griffin. *Liverpool Maternity Hospital.*—A. McEllin.

*London Hospital.*—E. E. Durnford, F. Hackwood, J. F. McCowan, E. E. New.

*Manchester, St. Mary's Hospitals.*—E. M. Broad, E. Lee, E. P. Murgatroyd.

*New Hospital for Women.*—C. E. Rice, E. E. Short, E. A. Tribe.

*Nottingham Workhouse Infirmary.*—E. A. E. Hallam.

*Preston Union Workhouse.*—M. Higginbotham. *Rochdale Union Workhouse.*—A. M. Shepherd.

*Wolverhampton District Nurses' Home.*—A. Nash.



#### CONSERVING THE CHILDREN.

In an article in the *Glasgow Herald* the writer states that in the great international conflict now raging one or two things have been brought home to us with considerable force. One is that the security of our country and everything for which our country stands depends, and will more and more depend, not merely on the efficiency but on the numbers of our people. Another thing is that the terrible destruction of human life involved in this conflict makes imperative the duty of the country towards education in mothercraft. The welfare of motherhood and infancy must be

one of the chief aims. "There never was a time in the history of this country when the duties which the maternity hospitals perform towards mothers and children were more necessary than at the present moment."

Maternity hospitals train those, whether doctors or nurses, who are to go forth to all parts of the world. It is, therefore, necessary that such institutions should be supported in such a manner as to enable them to carry on successfully their teaching activities, and to maintain the supply of qualified persons. In the last ten years the cases dealt with by the Glasgow Hospital number 41,577. In that period no fewer than 1,156 students and 1,222 nurses have received their training within its walls. Evidences of good work can be given by all the maternity hospitals of Scotland. They are truly the handmaids of the State.

### MATERNITY BENEFIT.

The question of payment for hospital treatment of maternity cases by Approved Societies under the National Insurance Act has been made the subject of a definite agreement between such societies and the Edinburgh Royal Maternity and Simpson Memorial Hospital, under which it is provided that (1) In the case of every member of the Society to whom, or to whose wife or widow the Hospital has given its services at her confinement (whether by treatment in the Hospital or by treatment outside the Hospital, or by both), by or under the supervision of a duly qualified medical practitioner, or by a duly certified midwife, as the latter phrase has been defined for Scotland, the Society shall pay to the Hospital, out of the said Maternity Benefit (so far as the same is available for the purposes of this agreement), payable in respect of such case, the sum of fifteen shillings for an operative case; of ten shillings for an ordinary intern case; and of five shillings for an ordinary extern case; or such other less sum as shall represent fifty per cent. of the Maternity Benefit receivable by the insured person.

(2) In every such case the hospital shall furnish to the insured person a Certificate of Confinement signed by the medical practitioner by whom or under whose supervision the confinement has been carried through, or by the midwife, as defined for Scotland, who has been in attendance, or by the matron or other authorized officer of the Hospital.

(3) On the production of such certificate by or on behalf of the insured person, the Society shall deduct and retain from the benefit the sum due to the Hospital in respect of such case, and shall pay the same to the Hospital, not later than the calendar month next ensuing.

(4) Nothing in this Agreement shall compel any woman to accept treatment by the Hospital.

(5) In all cases under this agreement the Hospital shall be bound to continue treatment as long as may be reasonably necessary, according to the circumstances of each particular case.

### SOME PROBLEMS IN ARTIFICIAL FEEDING.

The lecturer at the special course of lectures at the Royal Society of Medicine on Tuesday was Dr. Frederick Langmead, Assistant Physician to Great Ormond Street Hospital. His subject was "Some Problems in Artificial Feeding."

Cases, he said, were rare of infants who could not take milk in any form. The difficulty lay in the milk itself and the problems of a satisfactory milk supply were numerous and grave.

The manner in which the cows were housed and milked, the care or want of care bestowed on it in ordinary houses and dairies, the frequent and almost general use of preservatives, the jolting of it in the transit, were all factors in making the use of it a source of danger to young infants. Then, again, there was the danger of the tubercle bacillus still to be found in five per cent. of milk samples.

There was, Dr. Langmead said, a wide difference of opinion as to the best method of dealing with cows' milk in order to render it suitable for infants. He himself was of opinion that the best method was to scald milk, that is, bring it just to the boil; or to place a jug of milk on a cloth in a saucepan of boiling water and let the water boil for twenty minutes. The tendency to scurvy which boiled milk produced should be counteracted with fruit juice.

The lecturer said that his own view of dealing with milk for infants, provided they were healthy, was to use a whole milk, treated with sodium citrate, as this threw out the calcium which is in excess in cows' milk.

Gr. 1 sodium citrate to milk (1 ounce) lessened the curd.

Gr. 2 sodium citrate to milk (1 ounce) closely analogous to human milk.

Gr. 5 sodium citrate to milk (1 ounce) curds altogether prevented.

He would not venture to put forth this view in any but an advanced lecture, as he understood this to be. Citrated milk could be used whole or diluted, but in any case it must be used tentatively.

The addition of cream to milk had its objections, as it nearly always contained preservative. If whole citrated milk were used the addition of cream was unnecessary.

Under abnormal conditions, where pure milk was not obtainable, it was necessary to use condensed milk or some form of dessicated milk.

Dr. Langmead impressed upon his audience that it was a great responsibility to take an infant off the breast unless absolutely necessary; and the practice of trying one food after another, merely because it was recommended, was quite indefensible, considering the complexities which underlie this difficult problem.

The Cuban Parliament has voted an allocation of 300,000 pesos for the construction of six maternity hospitals, one in each of the provinces of the Republic.

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## EDITORIAL.

### "PRO PATRIA."

It is given to the medical and nursing professions, during the present war, to share the dangers of our gallant Navy and Army, more closely than any other sections of the community. In the nature of their work, and because of their training, knowledge and discipline, they are entrusted with highly responsible duties, which take them into perilous places.

And the record of the members of our profession, when the history of the war comes to be written, is one which will add lustre to its annals.

Whether during the early days of the war, in peril in Brussels, under fire at Antwerp, in shipwrecks on the high seas, in hospitals shelled near the fighting lines in France, Russia and Serbia, whether it is the Nursing Sisters, from the Antipodes, on a sinking transport in the Ægean Sea, or those on a hospital ship in the Channel, struck by a mine, the record of all is the same. They have performed their duty; with quiet steadfastness they have devoted themselves to their patients, at the imminent risk of their own lives, and, if fate demanded the sacrifice of those lives, they made it as resolutely and willingly as any man in the fighting lines.

All present on the ill-fated hospital ship *Anglia*, when she sank off the English coast, are unanimous in their admiration of the nursing staff, who, ignoring personal danger, worked heroically to save their patients, and one nurse, Miss Mary Rodwell, lost her life in staying by her "cot" patients, who were down below, because she would not leave them to die alone.

The death of Edith Cavell will also be in the minds of all. She risked, and sacrificed her life not primarily as a nurse, but as a patriot, but, there can be no doubt, that

the training and discipline of her life as a nurse strengthened her fortitude, and helped her to go to her death with a courage and nobility which have won the admiration of the world.

The question in the mind of each one of us, when instances of heroism in members of our profession are recorded, is—"Should we have the same courage?" The answer—should we be put to the supreme test—will be in close relation to our daily lives. Men and women die, for the most part, as they have lived. If they daily practise unselfishness, thoughtfulness for others, courtesy, and self control these habits will not fail them when confronted by sudden peril. Automatically they will act in that hour as they have acted throughout their lives.

Therefore let none be unduly anxious lest they should fail, in like circumstances, to live up to the noble example set by so many of their illustrious colleagues. The traditions of their profession both demand, and give them ground for confidence, that they will go nobly to their death.

But it is required only of a small percentage of the nursing profession to die for their country, it is required of every member that she should live for it. That her standard of life should be high, that her work should be the best she has to give, and that she should think no pains too great to enable her to attain the standard of professional skill, and of personal integrity which are the traditions of the profession to which she has the honour to belong, and which she sees daily illustrated in the lives of some of those with whom she is associated.

In the nursing profession, we are happy to have an environment in which great qualities are both demanded and developed, and there are few of us who are not the better for the example of some great soul in its ranks whose name may never be known to history.



## OUR PRIZE COMPETITION.

### WHAT DEVICES CAN A NURSE EMPLOY IN CARING FOR A PATIENT SUFFERING FROM SLEEPLESSNESS?

We have pleasure in awarding the prize this week to Miss Ména M. G. Bielby, Cranford, Middlesex.

#### PRIZE PAPER.

In combating sleeplessness in a patient the body, soul, and mind must be equally considered. The first essentials are a sense of supreme comfort, pure air, a temperature of about 55° Fahrenheit, and perfect quiet.

During the later hours of the day avoid every subject that might prove mentally stimulating.

When it is not possible to arrange a change of beds at night, the pillow cases, upper sheet, and night attire should be changed. The bed should be warmed, using two hot-water bottles; one may be applied to the abdomen. The patient needs to be more warmly clad for sleep than in the day time. A warm bath, with or without mustard, or a hot footbath to which a tablespoonful of mustard has been added, will induce sleep. This should be given in a warm room, preferably before a fire, and towels and night wear should all be warmed.

Useful expedients are rubbing the arms lightly with eau de Cologne, massaging the spine downwards, or gently combing the hair for ten minutes, if not objected to.

The perfume of fresh violets promotes sleep. Some patients like a hop pillow, or a pillow filled with down, lavender, lemon verbena, and other scented herbs. A useful and harmless remedy may be found in camphor, either by holding a piece in the hand, or by sprinkling a handkerchief with spirits of camphor and holding it near the nose. Where indigestion causes sleeplessness three or four drops of essence of peppermint in hot water often gives relief.

In the matter of diet at night idiosyncrasy must be studied. Some cannot sleep after food; others require a light meal just before settling to sleep. A cupful of hot milk, sipped slowly, is helpful. Efficient homely remedies are a stewed onion, onion broth, the heart of a lettuce, or a roast apple. An excellent remedy, much used abroad, is from a teaspoonful to a teaspoonful and a half of orange-flower water in a wineglass of hot water, with or without sugar, the last thing at night. Or orange-bud tea may be given, made by a teaspoonful of crushed buds infused for ten minutes in a breakfastcupful of boiling water. Honey tea suits some patients.

In cases where the patient becomes wakeful after sleeping three or four hours, a little

nourishment will often recapture sleep. For this purpose a cup of Allenburys' Diet, with an Allenburys' rusk, is excellent.

When the head is hot it is a good plan to apply evaporating cold cloths.

The bed must be perfectly comfortable, so as to allow the relaxation of every muscle. A number of little pillows, which may be filled with vegetable down, will often transform an ordinary bed into a luxurious nest by arranging them according to the patient's requirements.

When it is difficult to secure a sufficiently subdued light without excluding air this may be achieved by running a length of blind cord across the room from one upper corner of the window at an angle of 45 degrees to it, and over this hanging a dark rug or shawl.

Musical patients sometimes find a helpful lullaby in the Japanese glass wind-bells, preferably hung in an adjoining room and played on by a slight current of air.

For those patients able and willing to employ it the following device often proves successful when all others fail: Fix the mind on the breathing, keeping the eyes in imagination directed down the two sides of the nose, watching the breath proceeding from the mouth. By filling the mind with this single successional subject other thoughts are prevented from entering it, and sleep ensues naturally and easily.

Auto-suggestion is a valuable means, especially in nervous cases. This is best practised in the morning, and for a few minutes at stated times during the day. The principle is that of giving commands to the sub-conscious mind. The patient should repeat six or eight times, thinking, feeling, and meaning what is said: "I sleep soundly all night." This process banishes the negative feelings of fear, and replaces them with the positive feelings of power to succeed.

Many patients find the pathway to sleep while being read to. The reader's voice should be pitched rather low, and a somewhat monotonous inflection be employed. The matter read should be soothing, not stimulating. The sweetest of singers' invocation is a good example:—

"Spirit of dreams and silver memories, delicate Sleep! . . .

I, in chilling twilight stand and wait

At the portcullis, at thy castle gate,

Yearning to see the magic door of dreams

Turn on its noiseless hinges, delicate Sleep! "

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss A. Rachel

Neuman, Miss Dora Vine, Miss Hester Kennedy, Miss A. B. Owen, Miss E. A. Noblett, Miss E. Wilson-Jones, Miss Etta Trevenhan, Miss Ethel E. Hall, Miss Grace Jenkins, Miss Catharine Wright.

#### QUESTION FOR NEXT WEEK.

Outline the nursing care of ex-ophthalmic goitre following operation.

### NURSING AND THE WAR.

"WE HAVE THE RIGHT TO BE LAST THIS TIME."

When the history of the war comes to be written, the words uttered by trained nurses, in the face of imminent death, will be found worthy of the traditions of the great profession to which they belong.

It is with pride we record that when the hospital ship *Anglia* sank in the Channel on November 17th, after striking a mine the Matron, and nursing staff worked with the utmost heroism. One patient stated that when he begged the Matron (Mrs. Mitchell), and two Sisters to get into a boat which had just come alongside they would not hear of it. "I'm not leaving this deck till I see all my own wounded men off," said one, and another touched an even higher level: "Our duty is to see you men off safe—we have the right to be last this time."

The patient who relates this says: "Not until the water was lapping up over my feet did I slide off, and up to then not a single nurse had left her post in the sinking ship. It was just heart-rending to see their single-minded devotion to the wounded chaps under their care."

The end came with dramatic suddenness. With wounded, nurses, doctors, and sailors, clinging to the stern the *Anglia* seemed for one brief moment to stand on her bows, and then disappeared.

Happily, only one, Miss Mary Rodwell, lost her life in performing her duty, but every nurse upon the ship was ready, and willing, nay, claimed the right to be last on the sinking ship. They have added lustre to the Roll of illustrious nurses whom the profession all the world over is proud to acclaim.

Miss Rodwell, who was trained at the Hendon Infirmary, and was a member of Queen Alexandra's Imperial Military Nursing Service Reserve, had been for some months on hospital ships, and latterly on H.M.S. *Anglia*. On the previous voyage, the *Anglia*, as our readers are aware, had the honour of bringing the King across, and Miss Rodwell, with others, had the care of some of the suite, who were ill.

After making the return journey they appear to have stayed on the other side for some days, as the weather was so bad, and the Channel obstructed, so it is specially sad that when the

journey home was so nearly accomplished the ship should have been struck by a mine.

Those who know the good work done by Miss Rodwell during her training and subsequent career realise that her death was in keeping with her life. We learn she was below with "cot" patients when the ship was struck, and went down with the men because both duty and sympathy forbade that she should leave them to die alone. She laid down her life for King and Country as faithfully and bravely as the men at the Front, and has left to her colleagues an example which must be an inspiration and a stimulus to fresh endeavour.

Sister Lavinia Fawkes, for many years a member of the Registered Nurses' Society, has been appointed Sister-in-Charge of Holmleigh Red Cross Auxiliary Military Hospital, at Harrow-on-the-Hill, affiliated to Charing Cross Hospital, London. Holmleigh is a charming little place, where we feel sure Sister Fawkes will make the patients and helpers very happy.

The Red Cross, the official organ of the British Red Cross Society, contains, month by month, much interesting information, but we regret to note a very ill-informed and prejudiced article, headed "Committees and Matron," dealing with the now historic ill-treatment of the Matron at the Endsleigh Palace Hospital for Officers, in which the writer makes the quite untenable claim that auxiliary military hospitals, if in part supported by charity, even if subsidised by the State, are "voluntary" hospitals, and proceeds to argue the case on this contention—from which point of view, we, as a taxpayer, entirely disagree. We claim, moreover, that we pay the officials at the War Office to perform their own duties and to accept the responsibility for which they are paid—in justice to the patients and the staff. The writer of the article, with unintentional humour, continues to propound the opinion that "a hospital matron is somewhat in the same position as a salaried solicitor of a corporate body. The Corporation selects him and it can dismiss him." No doubt it can, because it not only selects him but pays him, but woe betide the "corporate body" which dismisses him illegally—and that is, in fact, what the Committee of the Endsleigh Palace Hospital did, in their callous treatment of their Matron. The article refers to our advice to members of the nursing profession not to accept service in the institution referred to. This gives us an opportunity to repeat it, for the reason that professional women cannot afford to risk their reputations.

Here is the latest *canard* reported to us by a late member of the nursing staff. She had occasion to interview a well-known woman concerning work. Listen to the following conversation.

"Where have you been recently working?" the nurse was asked.

"At the Endsleigh Palace Hospital for Officers," she replied.

"Oh! *there*; I have heard such terrible things of the nursing staff."

"What things?"

"Well, that the Sisters were found with the doors locked in the patients' rooms."

"What an infamous untruth! On the majority of floors there were *no doors*; and on the third floor, where there were doors, there were *no keys*—simply revolving handles, by which the doors could be opened inside and out."

The nurse was not engaged.

Dirt sticks: Keep clear of the dirt, is our advice to our colleagues.

At the meeting of the Birmingham Board of Guardians last week the Infirmary Committee presented a report dealing with the position of probationers at the Dudley Road Infirmary. It appears that when that Infirmary was handed over to the military authorities 110 probationers there were accepted for service at the salary allowed for V.A.D. workers appointed to serve in the hospital. The Army Council, however, stated in a communication dated November 2nd, that it was intended poor law probationers should be paid at their previous rates. On the recommendation of the Committee the Board strongly protested against the proposal to pay V.A.D. workers, with little or no previous experience, at a higher rate than the poor law probationers, and we think every sensible person will consider their protest just.

The Sisters working on the transports and hospital ships in the Mediterranean and Aegean seas find their work extremely interesting. One writes: "We made two trips to Mudros Bay on an ordinary transport ship with iron decks and few conveniences for a hospital. The men lay everywhere—on mattresses and stretchers, on the decks, and below. We were not registered or painted as a hospital ship, consequently we travelled either with lights out, or the port holes closed. Later we were sent on a beautiful boat belonging to one of the great steamship companies. After our transport it was all very luxurious. She had been converted into a proper hospital ship with large wards full of swing cots, and with properly equipped theatres, &c. We arrived at Anzac at 5 a.m. during a big engagement which lasted five days. The wounded started coming on board at once, and all day and night and the next day they came in hundreds until at last boat loads were turned away to try other hospital ships which were just as crowded as we were.

"We were equipped for 520, but we soon had over 1,100 on board, the slightest cases were lying everywhere on the decks, but most seemed to be severely wounded. They were all so brave and patient. At our first stopping place we landed

some and then went on to Malta with 824. We worked literally day and night, only taking about two hours' rest out of the twenty-four.

"At Malta the landing arrangements were perfect, although it was necessary to land them in boats. It was all done so quickly, with no hitch, and with as little discomfort to the patients as possible. The next day we were off again, but there was no rest for the staff; everything had to be cleaned, beds made, stacks of dressings cut and splints padded.

"This time we went to Suvla Bay where the new landing had been made, and again we heard the deafening crash of guns, and the distant rifle firing. Shells burst in the water quite close to us, and we were actually under fire. A trawler sank immediately in front, and at night large shells burst like a magnificent display of fireworks. This time we had 624 men aboard, mostly English; the difference in the physique and condition of these, and the fine Australians of the previous journey was very marked. Our men had evidently worked in mines or factories before the war, and the hard life and exposure on the Peninsula had told on them very much.

"After this, to our sorrow, we were called in by the B.R.C.S. to help staff their hospital at Mont-arzah Palace, which was the summer residence of the late Khedive. It is an ideal spot on the sea shore with a beautiful harbour and about 600 acres of ground with fruit, pine, and blue gum trees. If only there were grass instead of sand it would be perfect.

"The heat during the summer months was appalling, but now it is delightful, and days are warm and sunny, nights cold."

## NURSES' MISSIONARY LEAGUE.

A Quiet Day for Prayer and Meditation, in connection with the Nurses' Missionary League, will be held on St. Andrew's Day, Tuesday, November 30th, at St. James' Church, Piccadilly, by kind permission of the Rector. It will be conducted by the Rev. Geoffrey Gordon, of St. Margaret's, Westminster; and the general subject for addresses will be "Thy Will be Done." The following is the time table: Holy Communion, 8 a.m. and 9.15 a.m.; *Morning*, 10-12.30 Morning Prayer; Address, "The Conquest of Obstacles," "The Motive," "The Need of Help"; *Afternoon*, 2.15-4.30, Address, "The Rule of God (1) In Our Hearts, (2) In the World"; 5.30, Shortened Evening Prayer; 7.30-8.30, Intercession with Address by the Rector, the Rev. W. Temple, M.A., on "The Nation and the Kingdom of God."

Mr. Gordon will be in the Church from 12.15-1 and from 1.45-2.15, to give further help to any Nurses who wish.

Leaflets, giving the full time table, will be supplied by the Secretary Miss H. V. Richardson, 52, Lower Sloane Street, S.W.

## FRENCH FLAG NURSING CORPS.

Miss Grace Ellison is in London for a short time on the business of the Corps. She reports that all the Sisters will most gratefully receive consignments of comforts for their patients, and for the equipment of the hospitals in which they are at work. Everything is very expensive in France, and such homely items as needles, pins, thread, writing paper, pencils, pens, are greatly valued. Miss H. Hawkins has packed and got off, through the kind offices of the Croix Rouge Française in London, bales containing feather pillows, shoes, socks, towels, and other useful articles to Chateau Thierry, Fismes, Besançon, Vittel, Verneuil, Lisieux, Neufchâteau, and Evreux, clearing off all

M. Coster and is now well. The noble devotion of dogs to humanity deserves reciprocal gratitude. Canine characteristics are a fine example to nurses, and we could wish all our colleagues were daughters of the "Blue Cross."

Our massage unit, so successful at Evreux, are now at Cabourg, working in the Grand Hotel—at present used as a military hospital—and a fine place for the purpose.

Miss Ellison has received the following letter from Besançon:

"Your most welcome gift has arrived safely—three bales—we are simply delighted with all they contain, having a very present need for everything.



HÔPITAL MILITAIRE CABOURG, CASINO AND GRAND HOTEL.

gifts in hand last week. We now beg for more, and have this week to thank Mrs. Craig for three blankets, three bed jackets, socks, postcard cases and enamel ware, ward shoes, lavender bags, &c. Miss H. Hawkins and the Guardians of the Barnet Infirmary have given some beautiful socks, and we have also to thank Sister Grant, R.N.S., for four very nice feather pillows.

Upon the recommendation of Sister Gill, the Hon. Treasurer has sent the beautiful badge of Our Dumb Friends' League to M. Coster, an *infirmier*, who treated with the greatest kindness her little puppy, run over by a motor, and whose two fractured legs were put up in splints. This little pet was tenderly cared for night and day by

The 25 special parcels are very choice, and are sure to make some poor hearts rejoice. We are sharing those parcels with the Charmont-Sisters, and are reserving the others to give to the very poor who really are in need. The handkerchiefs we gave to the Magazin for the hospital, as they are much needed. Also the bale of bandages. The pyjamas and bedjackets are much appreciated by the patients, who so delight in anything English. It would make you very happy to see their pleasure and to realise, as we do, how much you have added to their comfort. Monsieur the Médecin Chef was much pleased with your gift, and begged me to thank you in his name and that of all the patients.

"Amongst many welcome gifts we have



received: From Miss F. Morgan, games, draughts, dominoes, playing cards, jig-saw puzzles; also a similar packet from Miss E. Kemp; Dowager Countess of Arran, games and playing cards; Mrs. Ponton, jigsaw puzzles; Mrs. Addison, games, socks, cigarettes.

In addition, through the British {Red Cross Depot, Sunderland, jam, toffee, chocolates, sweets and magazines. Miss Briggs, personal packet of cake and sweets for the nurses. We have also shared in a large consignment of eatables, all sorts of good things from Harrod's sent by William Bartram, Esq., who specially requested Mlle. Guyot to whom the goods were addressed, to "divide the spoil" with the British nurses for their patients. I have written a letter of thanks to each."

### "IN MEMORIAM."

The really beautiful lines "In Memoriam" of Edith Cavell written by Miss H. Hawkins, which appeared in our issue of October 30th, have received such widespread appreciation, that the Editor has decided to have them republished in such form that they can be widely bought and distributed. Half the profits will be devoted to the funds of the French Flag Nursing Corps, to provide highly skilled nursing for the heroic soldiers of France.

In our issue of the 30th ult. a review appeared of "La Guerre vue d'une Ambulance," by the Abbé Felix Klein, and we feel much honoured by the reception of the following note from the author of this beautiful record:—

Neuilly, Nov. 12, 1915.

Laissez-moi vous dire, Madame, combien je suis touché de l'appréciation de votre excellent JOURNAL sur mon petit livre "La Guerre vue d'une Ambulance." Les citations qu'a choisies l'auteur de l'article se rapportent tous aux passages que j'ai écrit avec le plus d'émotion. Cela seul suffirait à montrer la sympathie pénétrante de la personne qui a écrit l'article. Serait-ce la même (H. H.) à qui l'on doit le délicieux poème de la première page, "In Memoriam"?

Votre bien respectueux et reconnaissant,

FELIX KLEIN.

#### TRANSLATION.

Allow me to tell you, Madam, how touched I am by the appreciative notice in your excellent JOURNAL of my little book "The War seen from an Ambulance." The quotations selected by the author of the article all allude to the passages which I wrote with the greatest emotion. That alone is sufficient to show the discerning sympathy of the person who wrote the article. Is she the same (H. H.) to whom one owes the delicious poem on the first page, "In Memoriam"?

Your very respectful and grateful,

FELIX KLEIN.

Yes, she is.

## OUR ORDERLIES.

By A WARD SISTER.

My ideas on the working of a Military Hospital were vague. I knew, of course, that on certain lines, the nursing of the patients would follow the routine of a Civil Hospital; but the orderlies who were supposed to fill the rôle of very intelligent, well-trained probationers, were an unknown quantity.

I imagined, when I began my duties as a Ward Sister, that I should find one or two smart, immaculately clean, well set-up young men—ready to take their intelligent share in the treatment of the patients and the cleaning of the ward, polishing (as only a man can polish when he sets his mind to the work) their brasses, wielding with a strong and willing hand the "dumny" on polishing day; tenderly lifting the sick, with a touch as gentle as a woman's—and, in short, the perfect male nurse.

Perhaps it was too bright a dream; anyhow, I was rudely awakened, and have no more illusions left. I am bound to say that my first orderly was the best I have met during my fourteen months' work; also that two of the ever-lengthening list really had the manners of perfect gentlemen hidden under commonplace exteriors.

Through my wards have passed processions of idle youths, punctual in nothing except going off duty and adepts in the art of making the cleaning of a dozen knives and a pan lid last the whole morning—blind to their daily work lying under their eyes, and deaf to the indignant cries of patients—cries which bring half-a-dozen nurses to the doors of their several wards, but don't disturb the graceful "badinage" of two orderlies meeting.

Some have stayed with me a few days, others a few months; they are continually being put down in a ward and taken up again. From time to time, little groups of two or three raw boys from the various R.A.M.C. stations would be marched up to my wards and thrust upon my unwilling hands for two or three hours a day, and I should be politely requested by their corporal to "teach them nursing," as they were going out to the Front next week, and were expected to know how to dress wounds and look after sick men. They had a rooted objection to washing their hands, or turning up the dirty sleeves of their tunics, and a still more settled conviction that they ought not to be asked to do anything that might soil them.

Words fail me to describe the infinite variety of these gentlemen who have often amused me, and more often irritated me to the verge of insanity.

There was the artistic orderly who spent an hour in which he ought to have been cleaning windows, in drawing elaborate sketches, and who retired to an airless cupboard lighted by a skylight, and fastened himself in so that no one passing

along the corridor should be able to see him doing anything so menial as polishing a tea tin.

I rescued him half an hour later bathed in perspiration and almost suffocated by the fumes of formalin which had been used that morning for disinfecting purposes. Then there was the youth who went by the name of Lady - who, when led to a shelf and requested to wash it down with soap and water, informed me that he wasn't used to that sort of work, and would prefer to assist me with some of my writing.

This one when off duty in the late evening used to leave the hospital grounds wearing a khaki mackintosh with the collar turned up, and when safely outside, would take off his putties, turn down his coat collar so as to show an officer's khaki shirt, collar and tie, and walk down town complacently acknowledging the respectful salutes of the humble Tommies he met, who took him for a captain at the very least. He did it once too often and was awarded fourteen days C.B.

Passed on from ward to ward by sorely tried Sisters he found a resting place in the cook-house, where he might be seen at any time of the day in very greasy overalls playing at cleaning saucepans or leisurely peeling carrots and turnips. Also an amiable cherubic-looking boy whose career of two days' hard work was brief and bright. The first day he strolled about and watched the other orderly work for most of the morning. For the rest of the day he helped himself to half days off duty without leave. The second morning he was sent in a desperate hurry to fetch the medical officer to the ward to see for himself the epileptic fits of a certain patient he was anxious to make special notes on. By the time he reached the foot of the staircase it evidently occurred to him that he might as well dine first, so he retired to the orderlies' quarters, waited half an hour until their dinner was served, and reported to the doctor after two o'clock parade. He too drifted to the cookhouse.

Then there was a succession for a fortnight of "special" orderlies who relieved each other on duty with a suicidal prisoner in my side ward. Relieved each other in theory, for it was quite a usual thing to find that the one in charge had gone off duty or slipped downstairs for a meal, and left the suicide to his own devices. No reasoning on my part or plain talk from the medical officer could make one of them feel his responsibility, and after being reminded by the Colonel that if the patient was left for a minute he would probably kill himself somehow, and that the full blame, with the severest of punishments, would fall on the shoulders of the orderly who was supposed to be looking after him, he walked off to the next ward and took a hand of cards with some patients.

The orderlies acting as "specials" were more causes of anxiety to me than the suicide himself. There was one who, relieved for three-quarters of an hour at dinner-time, would stroll back an hour and a-half later, and then be missing shortly

afterwards, without reporting that he was about to leave us, because he considered he had worked a reasonable time, and the man appointed to relieve him had not appeared.

The night "special," before my astonished eyes, would place himself on a cushioned chair with his feet on another, and be snoring in a few seconds.

I never yet met one who could be really impressed with any sense of responsibility or blame. No qualm of pity for their unfortunate Ward Sister ever prevented them from carrying off, without permission, to their own quarters, articles of ward equipment, such as brooms, hot-water bottles, crockery, &c. Needless to say, these were never returned. No worry about the day of reckoning, when the books would be set and the inventory taken, ever prevented them from using patients' food cloths to clean brasses with, or from scorching towels and tea-cloths to shreds on top of the hot-water boiler, instead of hanging them to dry on a moderately warm radiator.

One thing I have learned is that there is absolutely no limit to an orderly's appetite. He may be depended upon to eat anything, and everything before him and then go across to the quarters for his dinner. I am reminded of two hungry creatures who passed a few hours of leisure daily together in my wards for about a fortnight. They were possessed of the healthiest of appetites. Indeed, one afternoon, when the nurse left in charge of the ward had cut all the bread and butter and cake needed for the patients' tea, and had gone into one of the small wards out of sight, they helped themselves to so much of the provisions prepared that when tea-time came she had half of her work to do again. I ought to mention that, as well as helping themselves to the patients' tea, they also took each other "off duty" an hour before their time, and she saw no more of them that evening. Looking back, it seems to me that these two were the worst I have ever had. One of these was remarkable for his red hair, and the habit of going to sleep in any out-of-sight corner he could find. I found him more than once shut up in a very large cupboard opening into the ward, with his head on a basket, the picture of sleeping innocence. He would be sent on an errand to the quartermaster's stores, or the cookhouse, and when sought for after long waiting would be found peacefully stretched out on a grassy bank.

The other man nearly excited a very helpless palsied nerve case into a fit, by snatching dainties away from him, and putting them into his own mouth. The patient was for some time seriously worse, in consequence.

This is the only instance I know of an orderly being unkind, and it really was more a matter of selfish mischief. He was count-martialed and severely punished. When I speak in a critical spirit of the orderlies I do so from the point of view of a Ward Sister responsible for the ward management and daily work. Some of them I have liked for many reasons, and they were

nearly always popular with the patients, and very kind to those who were seriously ill. I have come to the conclusion that these men were accustomed at home to the loud-voiced scoldings of their own womenkind, and learned to turn away an indifferent ear whenever anything female began to order or expostulate. Sometimes they gave me a pleasant surprise, especially if they happened to be patients themselves in our wards.

One little rough diamond—an aggravating youth with whom I had dealt faithfully when he was working in my ward, making him do his work properly, sending to fetch him back when he was slipping off for an extra hour or two off duty, and generally acting as a sort of policeman in charge of him—when he found, some weeks after leaving us, that he was beginning to feel very ill with double pneumonia, staggered across, half delirious, from the building at the other side of the hospital grounds where he was living, and put himself to bed in my ward, without reporting himself "sick," or giving the orderly officer the chance to send him elsewhere.

I must not judge our orderlies severely. Already we have had, from the ranks of this hospital some who have died on the field of battle, killed in the far-off East whilst carrying the wounded to a place of safety; and others who have left us for hospitals abroad, where they are working hard for their country. They are always glad to go and do "their bit," and more will go in the near future.

## JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:

*V.A.D. Hospital, Breeze Hill, Bootle.*—Mrs. Thomas.

*V.A.D. Hospital, Tower Rainhill, Lancs.*—Miss B. Hardbottle.

*Higams Military Hospital, Woodford Green.*—Miss J. W. F. Lowe.

*St. Mark's Hall, Tunbridge Wells.*—Miss E. L. Philips.

*Greenhill Hospital, Sherborne, Dorset.*—Miss B. Macdonald.

*V.A.D. Hospital, Massandra House, Weymouth.*—Mrs. E. Francillon.

*Red Cross Hospital, Hazlewood, Ryde.*—Miss M. J. Rattray.

*Red Cross Hospital, Old Hastings House, Hastings.*—Miss K. Kennels.

*V.A.D. Hospital, Skegness, Lincs.*—Miss M. Mitchell.

*Laverstoke Military Hospital, Witchchurch, Hants.*—Miss C. M. C. Rogers.

*Red Cross Hospital, Saffron Walden.*—Miss A. Pedler.

*Red Cross Hospital, Alderley Road, Wilmslow, Cheshire.*—Miss A. M. Jennings.

*St. John's Hospital, 67, High Street, Fareham.*—Miss M. Talbot.

*Red Cross Hospital, Ystrad, Isaf, Denbigh.*—Miss B. Williams.

*Red Cross Hospital, Presteign, Radnor.*—Miss R. D'Arcy.

*Victoria Auxiliary Home Hospital, Stretford.*—Miss M. Mitchell.

*Red Cross Hospital, Gatcombe, Newport, I.W.*—Miss M. Faithfull-Davis.

*Red Cross Hospital, Normanhurst, Battle.*—Miss A. M. Leslie.

*St. John's Hospital, 67, High Street, Fareham.*—Miss A. R. Oughterson.

*Red Cross Hospital, Chippenham, Wilts.*—Mrs. E. Stephens.

*Red Cross Hospital, Highfield Hall, Southampton.*—Miss M. P. Haime.

*Red Cross Hospital, Hereford.*—Miss M. M. Knox.

*Red Cross Hospital No. 2, Knighton, Radnorshire.*—Miss M. Gawthorpe.

*Mumbles Red Cross Hospital, Swansea.*—Miss Eva Smith, Miss A. F. Boys, Miss A. M. Higgs.

*V.A.D. Hospital, Rosherville, Gravesend.*—Mrs. L. Darley.

*Wilderness Hospital, Seal, Sevenoaks.*—Mrs. Alchin.

*V.A.D. Hospital, Brinkburn, High House, Pauperhaugh, S.O., Northumberland.*—Miss M. Hawkins.

*Porthcawl, near Cardiff.*—Miss S. E. Hanson, Miss S. E. Smith, Miss M. A. Kett, Miss M. Carr.

*Milton House, Stevenon.*—Miss A. M. Lyon.

*Higams Military Hospital, Woodford Green.*—Miss K. B. Waters.

*Yarrow Military Hospital, Broadstairs.*—Miss P. M. Palmer.

*Red Cross Hospital, Holmdeane, Leamington.*—Miss M. J. McCarthy.

*Brook War Hospital, Woolwich.*—Miss E. F. Hobbs.

*Mill Dam, South Shields.*—Miss C. Hutchinson.

*Military Hospital, Clipsestone Camp, Mansfield.*—Miss M. Haines, Miss L. Cormack.

*Red Cross Hospital, Llandorey.*—Miss Conalty.

*Red Cross Hospital, Kingston Road, New Malden, Surrey.*—Miss Foster.

*Vernon Institute Hospital, Great Laughall, Cheshire.*—Miss S. Vincent.

## CHRISTMAS GIFTS.

Christmas Gifts for the St. John Brigade Hospital in France, and for other hospitals at Havre, are now being collected by the Special Committee of Ladies of the Order of St. John of Jerusalem in England, and those willing to help in this way should send their contributions with as little delay as possible to the Duchess of Somerset, 35, Grosvenor Square, W., as it is hoped to despatch them early in December to insure their reaching their destination in time.

As there are some 1,500 patients to provide for, too many gifts can scarcely be sent.

## NEW DEVICES SUITABLE FOR HOSPITAL PRACTICE.

The *Modern Hospital*, the most sumptuous and best of all hospital journals, makes a point of presenting new instruments and appliances to its readers, and as such notices are usually illustrated, we find much useful information in this section of the journal.

Amongst new devices which might be useful to wounded soldiers we find a belt for shoulder and thigh amputations.

One of these is a strong webbing belt with buckles and straps, to which a metal hook is attached at the proper place to keep a tourniquet in position, and prevent it from slipping in shoulder and thigh amputations. The illustrations (Figs. 1 and 2) fully show the construction and method of application.

Another device, which, according to reports from German military hospitals, has proven very satisfactory, is a splint and bandage combined (Fig. 3) to keep the fractured lower jaw in position. A flexible piece of metal is shaped to fit the chin. Rings are fastened to this for the purpose of connecting elastic straps, which in turn are fastened by means of buckles to a universally adjustable head bandage. Thus the device can be employed on any size of head, and inasmuch as the chin splint is flexible and the whole apparatus sterilizable, it may be used over and over again, on different patients. It is especially pointed out that the patients may be dressed quickly and that very little dressing material and no bandages are needed. The quantity of these items used at present by some of the belligerents in Europe is very considerable; and as a rule economy in this also is appreciated in general hospital practice.

## OFFICIAL RECOGNITION AND PROTECTION OF THE V.A.D. UNIFORM.

The War Office announces that the Voluntary Aid Detachment uniform of the British Red Cross Society and Order of St. John may be considered to be official uniform for the purposes

of Regulation 41 of the Defence of the Realm Acts and Regulations.

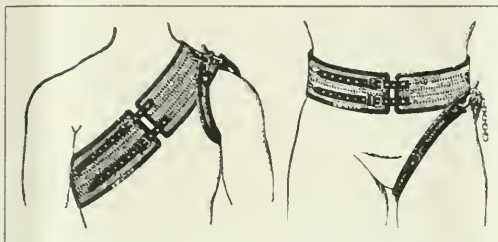
Persons wearing such uniform without authority are liable to prosecution.

Whilst congratulating the members of Voluntary Aid Detachments upon the protection so soon bestowed by the

Government upon their uniform and status, we cannot refrain from contrasting the honourable consideration accorded to these comparatively unskilled workers, with the marked neglect and active opposition by the Government, for a quarter of a century, to every petition advanced for protection and legal status by highly skilled professional women who have adopted nursing as their life's work.

It is quite useless to argue that wealth, social influence, and exalted patronage are not dominating factors in the nursing field in this country; nor can we blame professional nurses for their warm resentment when they realise that merit and conscientious devotion to duty count for nothing in this connection. It is nothing short of a scandal that any criminal may still be tried for murder and other crimes wearing trained nurses' uniform in the dock.

In this connection, the *Times* says: "The subject of the registration of nurses' uniforms is an old bone of contention. Perhaps, however, now that the first step has been taken, the authorities may see their way to extend the protection afforded to the V.A.D. nurses to the uniforms of other nurses, so that an end may be made of impostors who use this noble dress to cloak unworthiness. With the memory of Nurse Cavell in its mind,



BELT FOR SHOULDER AND THIGH AMPUTATIONS.



DEVICE FOR FRACTURED LOWER JAW.



the British people is not likely to begrudge any honour or any assistance to the nurses whose record in this War, both at home and abroad, is so heroic and so inspiring."

### EDITH CAVELL.

The Special Correspondent of the *Times* at Amsterdam relates in the issue of November 19th the circumstances of Miss Cavell's arrest as told to him by three Englishwomen who lived in her Home in the Rue de la Culture in Brussels. They are Sister Wilkins, Nurse Horne, and Miss Jemmett, an invalid friend of Miss Cavell's living under her care, who have since arrived in this country.

Apparently for some months before Miss Cavell's arrest repeated visits were paid to the Home by German officials inquiring how many Englishmen were there.

Miss Wilkins was also questioned, and made to sign a paper stating that she had not seen or known a man who had been there. This man, it appears, had made a signed statement that he stayed in the Home for a day or two, and was one of twenty who crossed the frontier with a guide from the Home.

Miss Wilkins was arrested with Miss Cavell, but subsequently released, not being considered responsible for anything that occurred. Miss Cavell was occasionally allowed to write letters from her prison cell at St. Gilles, and her last letters received at the Home were dated October 11th. One was to Miss Jemmett, one to Miss Wilkins, another to the nurses, and another to the pupils. In these letters she gave directions for the carrying on of her work, and urged those who received them to finish it as she had begun it. She also said that she was not afraid, and was quite ready to die for her country.

It should surely be regarded by the British nation as a sacred trust to see that this dying wish is fulfilled.

Miss Wilkins and a nurse who went to the prison at 5 o'clock in the morning of October 12th to ask if they might see Miss Cavell, saw two motor cars, which they subsequently learnt contained Miss Cavell and M. Bourcq, an architect, who was shot at the same time. It was a tragedy of fate that owing to some formality Miss Wilkins was not immediately admitted to the prison, and so just missed seeing Miss Cavell as she passed out to the car. The execution took place at the Tir National, at Schaerbeek, a barracks about two miles out of Brussels.

Miss Cavell's friends at the Nursing Home afterwards heard that she left the prison cell perfectly calm and self-possessed, and that, at the place of execution her eyes were not blindfolded, or her hands bound. She was buried the same evening, it is believed at Schaerbeek. The authorities, as we know, refused to give up her body, stating that it would not be available till after the War.

Miss Melrose, Matron of the Royal Infirmary, Glasgow, and Miss H. Gregory Smith, Matron of the Western Infirmary in the same city, are associated with the scheme inaugurated by the Scottish Matrons' Association, of which they are Vice-Presidents, to provide annuities to the value of £26 a year, in connection with the Home of Rest for Nurses established as a memorial to King Edward VII—the first to bear the name of Miss Cavell. We have no doubt that the practical business ability which distinguishes our Scottish colleagues will soon carry through this scheme. All donations will be gratefully received by the Hon. Treasurer for Edinburgh and the East of Scotland, Miss Graham, 15, Alva St., Edinburgh.

### FEVER NURSES ASSOCIATION.

#### EXAMINATION FOR CERTIFICATE OF FEVER TRAINING.

The following is the paper set to the candidates at the examination held by the Fever Nurses Association on October 6th:—

1. Trace briefly the course of the main blood vessels of the body. Describe the minute structure of an artery and a vein.

2. What are the chief functions of the stomach, intestines, liver and pancreas?

3. You are to remove a case of laryngeal diphtheria to hospital but outside the patient's house the motor of the ambulance breaks down. It seems to you that the patient will die unless tracheotomy is done at the house. The patient's doctor lives next door, but is visiting another case. You send him a message to say you will prepare for the operation while he is returning, and will get instruments from his surgery.

Describe your preparations, allowing for any difficulties that would be likely to arise.

4. State the ways in which enteric fever is spread.

5. Explain the meaning of the following terms: (a) Incubation period; (b) Pre-eruptive period; (c) Eruptive period; (d) Decline; (e) Convalescence. State the incubation periods of the following fevers: (a) Scarlet Fever; (b) Diphtheria; (c) Typhoid Fever; (d) Measles; (e) Whooping Cough.

6. Describe (a) the symptoms, and (b) the nursing of Cerebro-spinal Fever.

#### LIST OF SUCCESSFUL CANDIDATES.

*Birmingham City Hospital, Little Bromwich.*—W. M. Powell, Nina Score, Dorothy Newey, Beryl Johnston, Dorothy Ward, Margaret Chapman, Violet Carding.

*Brighton Sanatorium.*—Flora Clayton.

*Croydon Borough Hospital.*—K. C. Lawrence-Smith, Dorothy Smith, F. M. Hinton, Nora Gibbings, Dorothy Hooper, Mildred Woodbridge.

*Ilford Isolation Hospital.*—Flossie Bateman, E. F. Payne.

*Joyce Green Hospital, Dartford.*—Jessie Green.

*Norwich Isolation Hospital.*—Maude Pegg, Mary Atkinson.

*Plaistow Fever Hospital.*—H. M. Stimson, H. L. Wright, R. A. Lewis, M. H. Mothershaw, Frances Hay, Ellen Clune, F. M. Fenn, M. I. Hollinger.

*City Hospital, Lodge Moor, Sheffield.*—Lily Bamforth, Grace English, Jessie Slack.

*South Western Fever Hospital (M.A.B.).*—Madeleine Gorin.

*Walthamstow Infectious Diseases Hospital.*—Gertrude Day, Florence Taylor.

*Willesden Isolation Hospital.*—Ethel Wingrave, M. E. Ryder, E. Ramsey, A. Deas, E. M. Grant.

*Wimbledon Isolation Hospital.*—M. E. Haig, E. Hudson, Amy Blake.

The number of candidates examined was 55, and those who satisfied the examiners 41.

The following were the examiners: Dr. F. T. H. Wood, D.P.H., Mr. Walter A. Powell, D.P.H., Dr. A. C. Ta'Bois, Dr. J. Biernacki, Dr. Robert M. Bruce, Dr. G. P. C. Clандge, B.S., Dr. E. W. Goodall, Dr. Chas. M. Anderson, Dr. W. Benton, Dr. Alfred Bindley, Dr. G. W. Brabyn.

## APPOINTMENTS.

### MATRON.

*High Carley Sanatorium, nr. Ulverston, Lancs.*—Miss Elizabeth Woosey has been appointed Matron. She was trained at the Leeds Union Infirmary and the Birmingham Maternity Hospital; and has held the positions of Ward Sister at the Leeds Union Infirmary and the Monsall Fever Hospital; Ward and Theatre Sister at the Birmingham Maternity Hospital; and Night Sister and Home Sister at the Sanatorium, Yardley Road, Birmingham. She is a certified midwife.

### NIGHT SUPERINTENDENT.

*Balgowan Hospital, Beckenham (Kent 96 V.A.D.).*—Miss Ella Taylor has been appointed Night Superintendent. She was trained at the London Hospital, and held the position of Surgical Sister for three years at the Westminster Hospital, and of Sister at the Endsleigh Palace Hospital for Officers.

### NIGHT SISTER.

*Beckett Hospital, Barnsley.*—Miss M. Gray has been appointed Night Sister. She was trained at Ingham Infirmary, South Shields, and has been Night Sister at the Grimsby District Hospital, and Sister at the Private Nursing Home, Colombo.

### HOME SISTER.

*South Western Hospital, Stockwell.*—Miss Beatrice Nott has been appointed Home Sister. She was trained at the London Hospital, and has been Sister at the General Infirmary, Worcester.

### SISTER.

*Perth War Hospital, Glasgow Road, Perth.*—Miss Helen Edwards has been appointed Sister. She was trained at the Royal Infirmary, Dundee, and has held the position of Sister at the Maternity Hospital, Edinburgh, Theatre Sister at the District Infirmary, Ashton-under-Lyne, Deputy Matron at King's Cross Hospital, Dundee, Temporary Surgical and Theatre Sister, Royal Infirmary, Aberdeen, and Theatre Sister, Royal Infirmary, Perth.

*Pontypool General Hospital.*—Miss A. Sharp has been appointed Sister. She was trained at the Prince of Wales' Hospital, Tottenham; was Staff Nurse at Stratford-on-Avon Hospital, Sister, Hospital for Wounded Officers, Cambridge and at the Seaside Convalescent Hospital, Seaford.

### NURSE SUPERINTENDENT.

*Rosemount and Westfield Temporary Hospitals, Aberdeen.*—Miss C. M. Will has been appointed Nurse Superintendent. She was trained at Bangour Village, near Edinburgh, and at Oldmill Hospital, Aberdeen. She has since been Assistant Matron at the Royal Asylum, Glasgow; and Sister at Westfield Hospital.

### CHARGE NURSE.

*Shepton Mallet Union.*—Miss Ada O'Connell has been appointed Charge Nurse. She received training under the Metropolitan Asylums Board; and has been Nurse under the Oswestry, Amesbury and Wareham Union.

Miss Mary Rosevear has also been appointed Charge Nurse in the same institution.

### QUEEN VICTORIA JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Miss Elsie M. Bungay is appointed to Hampstead, Miss Elizabeth L. P. Chetwynd to Dukinfield, Miss Christine Couché to Hackney, Miss Katharine Mackay to East London (Stepney), Miss Elizabeth Prior to Sheerness as Senior Nurse, Miss Ada E. Richards to Newton Heath, Miss Jean H. Scott to Bolton.

### RESIGNATIONS.

Two Matrons of well-known provincial hospitals have recently resigned their appointments.

(1) Miss K. E. Richmond, Matron of the Hospital for Women, Showell Green Lane, Birmingham, during whose tenure of office the hospital has not only been considerably enlarged, but has gained well-merited distinction both for the results attained, and also as a training school for nurses in this special branch.

(2) Miss Gaved Wills, Matron of the Walsall Hospital, to the value of whose work the Chairman, Mr. F. J. Cockerell, paid a warm tribute at the recent meeting of the General Committee.

Both ladies are well known to their colleagues through the Matrons' Council, of which they are members.

### THE PASSING BELL.

We deeply regret to record the deaths from drowning of four Nurses on the staff of the David Lewis Epileptic Colony, Great Warford, Cheshire, together with three patients and the daughter of the farm bailiff, while skating on a pond at Sandle Bridge Farm. The ice gave way, and about twenty people were thrown in. The nurse victims are: Miss Edith Walker, of Crewe; Miss Dorothy Gething, of Wolverhampton; Miss Elizabeth Mullins, of Ashton-under-Lyne; and Miss Marion Harriet Frost, of Fenton. We tender to their families and their colleagues at the Colony very sincere sympathy.

## NURSING ECHOES.

The Lord Mayor (Colonel and Alderman Sir Charles Wakfield), accompanied by the Lady Mayoress, visited the Royal Free Hospital on Wednesday last week, and presented the gold medal, given by the Master of the Cordwainers' Company—who this year is the Lord Mayor himself—to Miss I. C. M. Little, who gained the first place in the final examination of nurses this year, and is now Sister of Marsden Ward. At the same time he presented a prize of books, given by the Weekly Board, to Miss Allen, who headed the list in the examination of junior nurses.

The Lord Mayor paid a warm tribute to the heroism of women in Serbia and elsewhere, in their care of the sick and wounded during the war.

The Royal Free Hospital has a very special interest in Serbia, having sent Miss Irvine Robertson and other highly qualified nurses to work there in the hospital in charge of Mr. James Berry.

Authority to provide for the registration of establishments for massage or special treatment in London has, as our readers are aware, been given to the London County Council under a General Powers Act promoted by the Council which has received the Royal Assent.

The County Council has now issued a public notice that on and after February 1st no person may carry on an establishment for the reception or treatment of persons requiring massage, manicure, chiropody, light, electric vapour, or other baths, or other similar treatment, unless the name of such person and the premises used for that purpose are registered with the Council. Application for registration, accompanied by a maximum fee of one guinea, must be made to the Council on or before December 23rd. Establishments conducted by medical practitioners under certain conditions are exempt.

The "living out" system has sometimes been advocated, and regarded, as a concession which would be much appreciated by nurses. It is therefore interesting to observe how it is regarded in practice. Five assistant nurses were recently reported to the Grimsby Board of Guardians for insubordination, their grievance being that they were expected to live out, a system which necessitated their rising very early in the morning to get to their duties at the workhouse, and also entailed their leaving late at night. The Chairman agreed that a taxi-cab should be provided to convey them to and from their lodgings, but this did not



THE LORD MAYOR PRESENTING THE CORDWAINERS' GOLD MEDAL TO MISS I. C. M. LITTLE.

placate the nurses, who eventually resigned.

At a recent meeting of the Merthyr Board of Guardians the House Committee's report included a statement from the Master in regard to the attendance of the Superintendent Nurse, Miss Templeman, at the Red Cross Hospital, Aberdare, submitting a record showing the time spent away from the institution by the Superintendent Nurse, which the Committee considered unreasonable, and out of all proportion to what was intended. The Committee added that they had instructed the Clerk to communicate with the Superintendent Nurse, stating

that the Committee thought far too much time was spent by her away from the Infirmary to attend at the Red Cross Hospital, and asking if this were really necessary, and how long it was to continue.

A discussion ensued on a letter from the Superintendent Nurse asking for permission to continue her work for another month.

Eventually her request was granted, subject to the approval of the medical officer.

There can be no doubt that the officer responsible for the nursing department at the Infirmary should be on duty there, and while it was commendable of Miss Templeman to give up her holiday, in a crisis like the present, to work at the Red Cross Hospital, we do not think the Guardians are justified in paying her salary out of the ratepayers' money in order that she may do gratuitous Red Cross work. Their right course of action would be to give her leave of absence, and pay her substitute, leaving the authorities of the Red Cross Hospital to make suitable payment for the work done.

Lady Stirling Maxwell presided at the twenty-third annual meeting of the Glasgow and West of Scotland Co-operation last week, when it was stated that the nurses on the Roll at the end of the financial year on September 30th numbered 179. Since the outbreak of war 84 nurses had gone on Army service, 11 of whom had resigned, so that there were still 73 on war duty, and a few others had offered their services and were waiting to be called.

At the half-yearly meeting of the Committee of Management of the Society for Providing Nurses for the Sick Poor in Belfast, held on November 18th, at which Miss Reade presided, the Nursing Council reported that 697 cases had been attended in the nine districts during the past six months. An interesting report was presented by a newcomer, who was struck with the relief brought to the patients through the nurses' skilled hands, with the improvement in the general cleanliness effected by the nurse, and the many sources of help that could be tapped by the Society for the benefit of many a darkened home. The question was, Could anything more be done to give the people a better chance, and so help to prevent the frightful cases the Society was doing its best to relieve?

The nurses at the Omagh Workhouse recently refused to do the duty of one of their number who went on holiday, with the result that the guardians had to employ an extra

nurse, at a cost of £1 17s. per week. At their next meeting the Board strongly deprecated the conduct of the nurses who refused to do the extra duty when directed, and also asked Nurse Watson, who went on leave, why she did so until the other nurses were prepared to do her work.

The nursing arrangements in the smaller poor-law infirmaries do not permit of holiday duty being performed by the usual staff, which is often calculated on too low a scale to admit of the adequate care of the patients even in the ordinary way. It is certainly the duty of the Guardians, not of the nurses, to make the necessary arrangements when a member of the staff has a holiday.

#### OUR NATIONAL COUNCIL DELEGATES.

News comes from Miss Kent and Miss Hulme, our National Council Delegates, that they are to sail on the "Ryndam" from New York to Falmouth on November 27th. They hope to be in England on December 4th or 5th. A safe journey to them.

#### NATIONAL UNION OF TRAINED NURSES.

On November 12th the Bath Branch of the N.U.T.N. held a meeting at the Y.W.C.A., Milsom Street, Bath, which was well attended, 100 members and non-members being present. Business was transacted first, and a resolution proposed by Miss Terry, the Branch Secretary, was passed, deciding that the Bath Branch should send a representative and become affiliated to the Bath Branch of the National Union of Women Workers. Miss Terry also reported that the Bath Branch of the N.U.T.N. was sending 230 garments of all descriptions to Russia for the Polish refugees. Dr. Edith Martin, who presided, introduced the lecturer, Miss Violetta Thurstan, who gave a most interesting lecture on "The History of Nursing," which was illustrated by lantern slides. In the second portion of her lecture Miss Thurstan also showed a number of beautiful photographic slides of the war in Belgium and Russia taken by herself. At the conclusion the lecturer stated that the N.U.T.N. was contributing a unit to the Medical Relief Expedition which was being sent out to Russia shortly.

After a vote of thanks to the Chairman, the lecturer and Miss James, who kindly provided the room and lantern, the members thoroughly enjoyed a tea which was most kindly given by Miss Stevens and Miss Ross.



## STATE REGISTRATION IN VICTORIA.

Whenever legislation is introduced for the regulation of the nursing profession, or those akin to it, the opposition is not directed to contravening the principle, but against the composition of the governing body. Thus, in the province of Victoria, Australia, difficulties have arisen in regard to the form of government to be established under the Nurses' and Midwives' Bills. In the beginning the nurses associated together in the Royal Victorian Trained Nurses' Association suggested one Bill to cover both nursing and midwifery, which would have been quite possible in Victoria, where midwifery has ranked as an additional nursing qualification. Then the committee of the Women's Hospital, Melbourne, insisted on a separate Bill for midwives. This passed the Legislative Council, and the nurses were informed that it was only a matter of form for it to return to the Legislative Assembly, be passed by that body, and become law. Events have proved otherwise.

When the Nurses' Bill came before the Legislative Council exception was taken to the establishment of two Boards, one for the control of nurses and the other of midwives, and so strong was the feeling on this point that, as we have already reported, the Minister of Public Health, Mr. Drysdale Brown, informed representatives of the R.V.T.N.A., the Women's Hospital, and other bodies that unless they arrived at unanimity regarding representation on a single Board there was little hope of the passage of either Bill.

The nurses were ready to accept one Board, but the authorities of the Women's Hospital were not.

But Nemesis awaited the promoters of the Midwives' Bill, for it did not have the formal passage through the Legislative Assembly anticipated for it. A strong party in the opposition objected to the appointment of an independent Board, and an amendment was proposed by Mr. Jewel on September 28th that the Bill should be administered by the Department of the Minister of Health. After much discussion the division bells were sounded, and rang long to summon absent members earnestly engaged in another room in discussing the selection of a new Premier, when a member reminded the Chairman that no division had been called for and the amendment was put and carried. This vital clause having been struck out, progress was reported. It now rests with the Cabinet to determine whether the Bill shall be proceeded with in this mutilated form.

We await further news of the Nurses' Registration Bill. When it was considered in Committee by the Legislative Council, and progress reported to enable the Council to receive the Midwifery Bill, it was pointed out that the two measures were identical in several respects, and it was decided to postpone its consideration until the Midwifery Bill, with its amendments, had been received from the Assembly. It remains to be seen what effect the action of the Assembly (reported above) will have on the Nurses' Bill.

## SOCIAL PROBLEMS.

## MATERNITY.

No such poignantly human document has ever been contributed to the literature of obstetrics as the "Letters from Working Women," collected by "The Women's Co-operative Guild." The scientific side of the question has been exhaustively dealt with—medical practitioners, midwives and nurses have filled many volumes, from the various aspects with which they are concerned—but never before have the persons most intimately concerned (the mothers) placed their views on record; and all whose duties bring them in contact with maternity cases should read and ponder over this volume which incorporates the experiences of 160 mothers.

The letters are written by married women of the working class, all of whom are, or have been, officials of the Women's Co-operative Guild—a self-governing organization within the co-operative movement. The Guild has for several years given special attention to the subject of "The National Care of Maternity."

The preface to the book is contributed by the Right Hon. Herbert Samuel, M.P. (late President of the Local Government Board), who points out that "Again and again in history a lofty and brilliant civilization embodied in a small State has been borne under by the weight of a larger State of a lower type. The ideas for which Britain stands can only prevail so long as they are backed by a sufficient mass of numbers. It is not enough to make our civilization good; it must also be made strong; and for strength, numbers are not indeed enough without other elements, but they are none the less essential. Under existing circumstances, we waste, before birth and in infancy, a large part of our possible population."

In reading these letters, it must be remembered that they are written by women who live in better conditions than the average working woman—yet, as the introduction points out, the general impression "is on the whole an impression of perpetual over-work, illness and suffering." The evidence of such writers cannot be impugned; it is that to bear children under such conditions is to bear an intolerable burden of suffering.

The main underlying causes of the present unsatisfactory conditions of maternity appear to be three:

- (1) Inadequate wages.
- (2) Lack of knowledge regarding maternity and of skilled advice and treatment.
- (3) The personal relations of husband and wife.

The introduction points out that thirty shillings a week for a manual worker is reckoned to be "good wages" and there are thousands of men

\*G. Bell & Sons, Ltd., York House, Portugal Street, Kingsway, W.C.

earning far less than that. "What most people do not realize is that 30s. a week is itself a wage utterly inadequate for rearing a large, or even a small family. It is inadequate because the whole burden is placed upon the woman who has to bring up a family on 30s. and this burden is excessive.

"The second cause, the lack of knowledge on the part of the women, receives remarkable testimony in these letters. Again and again the writers come back to this subject. They are convinced of the evils that resulted to themselves and their children from their own ignorance of the functions and duties of motherhood. And there can be no doubt that they are right. . . .

of our civilization: the beginning and the end of the working woman's life and duty is still regarded by many as the care of the household, the satisfaction of man's desires, and the bearing of children."

In regard to the offspring: "It has become more and more clear that if you wish to guard the health of the infant you must go back from it to the mother; it is the circumstances of the mother—her health, her knowledge, her education, and her habits—before the child is born no less than at the time of and after birth, that again and again determine whether the child is to have health or disease, to live or to die." From whatever point you regard the question the words of the



ELEVEN CHILDREN BORN, ALL LIVING. FATHER A FISH-HAWKER.  
(This family is not connected with the Women's Co-operative Guild.)

"The personal relation of husband and wife is a subject as difficult as it is delicate. Reading these letters one is often struck by the fact that those relations remain so good under the most adverse circumstances. But despite the extraordinary loyalty of the writers there is clearly a consciousness among them that the position of a woman not only impairs the value of that relationship, but is directly responsible for some of the evils we are considering. In plain language

—both in law, and in popular morality—the wife is still the inferior in the family to the husband. She is first without economic independence, and the law therefore gives the man, whether he be good or bad, a terrible power over her. Partly for this reason, and partly because all sorts of old half-civilised beliefs still cling to the flimsy skirts

writer of letter 63 are true: We shall not get "a race in the future worthy of England until the nation wakes up to the needs of the mothers of that future race."

We have only space for brief extracts from the vivid and arresting letters of the women themselves. They should be read in their entirety.

"No one but a mother knows the struggle and hardships we working women have to go through. I do hope I shall never have to see the young women of to-day have to go through what I did."

"No one but mothers who have gone through the ordeal of pregnancy half starved, to finally bring a child into the world, to live a living death

for nine months, can understand what it means . . . . It was the Women's Co-operative Guild which saved me from despair."

"No amount of State help can help the suffering of mothers until men are taught many things in regard to the right use of the organs of reproduction, and until he realises that the wife's body belongs to herself, and until the marriage relations take a higher sense of morality and bare justice . . . . Very much injury and suffering comes to the mother and child through the father's ignorance and interference. Pain of body and mind which leaves its mark in many ways on the child. No animal will submit to this; why should the woman? Why, simply because of the Marriage Laws of the woman belonging to the man, to have and to own, &c."

"Cleanliness has made rapid strides since my confinements; for never once can I remember having anything but face, neck and hands washed, until I could do things myself, and it was thought certain death to change the underclothes under a week.

"For a whole week we were obliged to be on clothes stiff and stained, and the stench under the clothes was abominable, and added to this we were commanded to keep the babies under the clothes.

"I often wondered how the poor little mites managed to live, and perhaps they never would have done, but for our adoration, because this constant adoration of our treasures did give them whiffs of fresh air very often."

"I believe the bad housing conditions have a very bad effect on mothers during pregnancy. The mother wonders what she has to live for if there is another baby coming, she hopes it will be dead when it is born. The result is she begins to take drugs. I need hardly tell you the pain and suffering she goes through if the baby survives, or the shock it is to the mother when she is told there is something wrong with the baby; she feels she is to blame if she has done this without her husband knowing, and she is living in dread of him. All this tells on the woman physically and mentally; can you wonder at women turning to drink? If the child lives to grow up you find it hysterical and with very irritable, nasty ways when in the company of other children. When you see all this it is like a sting at your heart when you know the cause of it all and no remedy."

"I have not got one healthy child among my five, not because I did not get well looked after, but they are suffering through the past generation.

"In the light of the knowledge I have got since I was able to grasp what things are, I have often said I was one of the women who should never have had children, as from a girl I was always ill right through my married life till now."

The book closes with a National Scheme for the care of Maternity, proposed by the Women's Co-operative Guild.

## BOOK OF THE WEEK.

### "BECAUSE OF THESE THINGS,"\*

A Scotch Calvinist mated with an Italian Papist. "Because of these things" which included great beauty and charm, a sweet gay nature, and a love of rich and dainty possessions, the sour creed of the man for ever saw in his fair young wife the allurements of the Evil One. "Because of these things cometh the wrath of God."

Miss Bowen has created from this material a really terrible story, but it is also fascinating and thrilling and holds the reader enthralled till the last word on the last page.

Francis Moutray is travelling in Italy with his friend Mr. Middleton, and is introduced by him at the palazzo of the Countess Odleschi in Bologna. Something outside himself, or something within, impels the Scotchman to be drawn into society against which every fibre of his being is in antagonism.

The Countess, we are told, had a "history as scandalous and romantic, as any lady in the scandalous and romantic Italian States."

It was the young daughter of this woman, that drew Francis Moutray as with a spell, against which he fought in vain. What it was in this austere repellant man that appealed to the young innocent girl, cannot be fathomed. "He looked across the crowd at Giovanna; the last time, he told himself, that he would ever look at her. She was standing with her back to him, her small drooping head was crowned with a wreath of summer violets."

"Fair Mischief," said Francis Moutray in his heart, "this is the last chance thou wilt have to dazzle me."

He resolves to fly from the scene of his temptation, and if he had carried this out this terrible tragedy would not have been written.

He tries to take a harsh farewell of her.

"There is a gulf between us which nothing can bridge," said Francis hoarsely, "Go back to your idolatry—it is not for me to strive for the souls of such as you."

"My soul," repeated Giovanna. "Are you thinking of my soul? I am good, Signore; I am but newly come from the convent. I mean to be good all my life." Once again his resolutions broken, he meets her at a *festa*.

"My dearest!" whispered Francis, "my sweet dear girl!" he took the two pleading little hands and impressed gentle kisses upon them. "I shall never marry . . . always you. . . . in my heart. Do not weep—your tears sear my soul—we should never have met. . . ."

After a terrible scene with the Contessa their love prevails. Harshly even then he says, "I asked you to come with me, to leave this

\*By Marjorie Bowen. Methuen & Co., Ltd., London.

cursed life, your idols, and your wantonness—to put it all behind you for ever.”

“God would curse me!” she whispered in terrified tones, “I dare not—”

Francis leaves them and rides violently away from Bologna, only to retrace his steps the same day.

Giovanna had followed him to the hostel a stage away.

His reason staggered under the wild thought that she was his, that she had left everything to come to him.

“Will you be happy with me?” he asked unsteadily. “Always?”

She repeated “always” and took up her little bundle. The tears still washed his eyes; her trust in him was almost more than he could bear; he took her small, soft, childish hand and kissed it humbly.

If Francis had only followed always this softer mood!

Giovanna never faltered in her devoted love for her Scotch husband, but the oppression of her abjured faith lay heavy on her conscience.

When their boy Elphin was six years old, she decided to have him secretly baptised in her own faith.

The discovery of this, added to his deep-seated mistrust of her nature and upbringing, led to a terrible sequel.

Francis was no doubt a half crazed fanatic, and the mode of his vengeance upon his sweet and beautiful wife is truly appalling.

The whole of the book teems with vivid narrative and powerful appeal, and is filled in with a background of glowing colour, such as Miss Bowen alone knows how to impart.

H. H.

### THE TOY ASSOCIATION.

We are glad to make known that the Central Committee of Toy Industries have agreed that an Association should be formed for the purpose of binding together those who play with those who buy toys in an endeavour to obtain British toys. By becoming a member much can be done to divert the £1,000,000 spent annually on imported toys, mostly from enemy countries, into the deserving pockets of British workers. Mrs. Thomson, 10, Great Stanhope Street, Park Lane, London, W., will give further information on this excellent movement.

### COMING EVENTS.

November 30th.—St. Andrew's Day : Quiet Day for Prayer and Meditation, St. James' Church, Piccadilly, W. Conductor: The Rev. Geoffrey Gordon. 8 a.m.—8.30 p.m.

December 16th and 17th.—Central Midwives Board. Penal cases. Caxton House, Westminster, S.W. 11 a.m.

### A WORD FOR THE WEEK.

“To steel our souls against the lust of ease,  
To find our welfare in the common good.”

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### THE GIST OF THE WHOLE MATTER.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—It is long since I have read a letter that is more repugnant to me than that of Miss Wortabet in your last issue. I can imagine no nurse who would refuse or object to tend any patient—the greatest brute or the veriest wastrel, if he needed her. We do not nurse only patients who admire us, appreciate us, or “kiss our hands.” No man, friend or enemy, can sink so low that Divine compassion—that Divine compassion of which we are the humblest instruments—cannot reach him. I had not the honour of knowing Miss Cavell, but I feel certain that the idea of “paying out” the enemy, by declining to nurse him, would never have appealed to her. We are, presumably, fighting for an ideal, and we cannot fight for an ideal to which we do not live up. We strike for punishment not revenge. I am not a very good Christian and do not often quote texts, but this one really does seem to fit in: “Lord, how oft shall my brother sin against me, and I forgive him? Till seven times?” . . . “I say not unto thee, until seven times; but, until seventy times seven.”

Yours faithfully,

Rose Cottage, M. MOLLETT.  
Three Cross, Wimborne.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I am sure every nurse feels grateful for all you have published concerning Edith Cavell; perhaps, particularly, for details of her life as well as her death. Are not we apt, however, to make too much of the fact that she died, and too little of the way in which she died? Miss Cavell yielded up her life, nobly, as a martyr; but I believe there are thousands of women who would have done the same under the same circumstances. It is when we read of the Christ-like spirit with which she accepted her lot, that

“Our hearts with glad surprise

To higher levels rise.”

Her life, indeed, was something “not given but achieved.”

I am going to presume to differ from Mr. Macleod Yearsley (towards whom I have long felt deep gratitude for the papers on “The Nursing of Ear Cases” he gave us through your pages). I feel that it would cause Edith Cavell nothing but great pain could she know that anyone had so failed to grasp the spirit of her life and death, as to suggest that her murder should make us refuse to nurse German officers (surely that is a “lower level”).

On the contrary, we have her words, “I realise that patriotism is not enough; I must have



no hatred or bitterness towards anyone"—in my mind second only in human history to those of St. Stephen. Should not these brave words stimulate us to show her the highest possible form of gratitude (*i.e.*, imitation), and to perpetuate her spirit by trying individually to overcome every impulse to hatred or revenge by something higher than patriotism—*viz.*, loyalty to Him who said, "Father, forgive them, they know not what they do?"

Yours truly,

E. C. EVANS.

### THE NURSES OF "THE PATIENT PASSIVE POOR."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In the pages of your journal, you have more than once drawn attention to the national importance of District Nursing and kindred work, and shown that such work is, in a high degree, patriotic and far-reaching in its effects.

Having stated the case of the sick poor, I feel sure you will not hesitate to state the case of the nurse, and to emphasize the lamentable want of proportion between the salary of the district nurse and the amount and quality of the work done. Trades unionists would probably aptly describe it as "sweated labour."

I wish to state, subject to correction, that many trained district nurses are at the present moment receiving a salary of £30 per annum (with a promise of a paltry annual increase), "all found"; and that, in many cases, all, alas! is not found. Does the district nurse always receive an adequate allowance for the lunch which is so necessary in the course of her long and arduous morning's work, exposed, as she is, to all the vagaries of the weather? Does every District Nursing Association supply its nurses with the flash-light which is essential to the performance of their duties at night, and supply funds to keep the same re-charged? Is any allowance made to the nurse for the boots and gloves worn out in the performance of her duty, and which make such inroads on her meagre salary? Surely an allowance of £4 per year for uniform is totally inadequate for a district nurse; and the usual allowance of 2s. per week for laundry does not err on the side of extravagant cleanliness! It is to be hoped that ill-advised economy is not also practised with regard to the nurses' food allowance, as, in addition to their nursing duties, they are subjected to long-continued physical exertion.

It would be interesting to know how much a nurse (receiving salary and treatment as above) has left, to provide for her annual holiday, for dress, recreation, church, &c., and to provide for her old age. Can it be wondered at if that old age comes early and unlovely. If defrauding labourers of their wages is one of the sins crying to Heaven for vengeance, what can be said for the pompous local magnates who sit on District Nursing Committees and placidly commit that sin, keeping well within the law of the land?

The re-organization of such wooden apathetic District Nursing Associations ought to afford splendid scope for the work of benevolent ladies of leisure and independent means. Many such ladies are now expending their energies in a manner which is—to say the least of it—mistaken, and to the detriment of the nursing profession which they admire so much as to attempt to imitate.

I have endeavoured to show that it may not be always the "glamour" of nursing our wounded soldiers which "dazzles" district nurses, and draws them away from their beloved districts.

Like their friends and patients, "the patient passive poor," District Nurses seem to be inarticulate. Can it be that constant association with the poor and similar worries borne with the same stolidity, have made them so?

AN ADMIRER OF "THE BRITISH JOURNAL OF NURSING."

### ARM AND HEAD REST.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you very much indeed for the kind notice you gave in your most interesting paper to my "Arm and Head Rest," also for the copy you kindly sent me. I read it every week, so am specially glad to see my work noticed in your columns. The Red Cross officials are very pleased with the invention. I belong to the V.A.D. 210. I noticed the wounded soldiers often say their arms are tired and the pillows so hot, and thought out this.

Again thank you,

I am yours truly,

ALICE HOARE-WARD.

7, Cleveland Mansions, W.

### FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed by arrangement with the Hon. Secretary, 60, Nevcrn Square, Earl's Court, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, November 26th, and Monday, November 29th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing is an additional advantage.

### OUR PRIZE COMPETITIONS.

December 4th.—Outline the nursing care of exophthalmic goitre following operation.

December 11th.—What care would you give mother and child for first five days after birth?

December 18th.—What is meant by (a) public hygiene; (b) personal hygiene; (c) mental hygiene; (d) sanitation?

December 25th.—(a) Name three diseases requiring special diet; (b) give proper menu for a meal for each disease.

# The Midwife.

## THE CENTRAL MIDWIVES BOARD.

A meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster on Thursday, November 18th, Sir Francis Champneys presiding.

The Secretary reported a letter from the Clerk of the Privy Council approving new regulations framed by the Board under Section C., which will come into force on July 1st, 1916. Under these regulations the length of training required for pupil midwives will be extended from three to six months, with the exception of nurses who are fully trained, when the minimum period will be four months.

### REPORT OF STANDING COMMITTEE.

A further letter was considered from the Hon. Mrs. Stanley, Hon. Secretary of the Somerset County Nursing Association, with regard to a case in which the Board had declined to admit a candidate to examination by reason of the falsification of her marriage certificate.

The Board decided that the Hon. Mrs. Stanley be informed that if and when a correct certificate is furnished by the candidate it is prepared to reconsider her case, in accordance with its communication of October 8th.

A letter was read from Mrs. Edith V. Reid, Hon. Secretary of the Swansea District Nursing Association, suggesting that the number of cases of personal delivery required by a candidate entering for examination should be reduced during the period of the War from 20 to 15 in order to meet the difficulties arising out of the present decline in the birth rate.

It was agreed that the Hon. Secretary of the Swansea District Nursing Association be informed that the Board regrets that it is unable to adopt the suggestion of the Association. It is however glad to inform it that the Board has this day received from the Privy Council its approval of the scheme suggested by the Board on June 17th for prolonging the training of pupil midwives to six months. It hopes that this will suffice to reduce the inconvenience complained of.

A letter was read from the County Medical Officer of Health of Leicestershire enquiring whether certain cancer conditions come within the provisions of Rule E. 5, as being conditions "supposed to be infectious."

It was agreed that the County Medical Officer of Health of Leicestershire be informed that the conditions specified come within the scope of those referred to in Rule E. 5 as being "liable to be a source of infection."

A letter was read from the Medical Officer of Health of the County Borough of Leicester asking to what extent a midwife is under statutory

obligation to carry out the orders of a medical practitioner who has been called in to a lying-in woman.

It was agreed that the Medical Officer of Health of the County Borough of Leicester be informed that according to Rule E. 6 the midwife must (after a doctor has been sent for) "await his arrival and faithfully carry out his instruction. "; according to Rule E. 5 she cannot attend any other maternity patient without adequate disinfection. But for the doctor to dismiss the midwife because the patient is believed to have Puerperal Fever, and in the absence of proved neglect, is nowhere sanctioned by the rules. Generally speaking it is other cases who have to be safeguarded (from Puerperal Fever) rather than the patient in question.

A letter was read from the Medical Officer of Health of the County Borough of Stoke-on-Trent calling attention to the fact that a midwife approved by the Board for the training of pupil midwives at Stoke-on-Trent has no provision in her house for a separate bedroom for her pupils.

It was agreed that the Medical Officer of Health of the County Borough of Stoke-on-Trent be informed that the Board cannot approve of any midwife training pupils unless she has proper domestic accommodation for them, which does not appear to be the case in the present instance, and that the midwife be so informed.

### APPLICATIONS.

*For removal from the Roll.*—Applications from midwives for the removal of their names from the Roll were granted on the grounds of old age, ill-health, and inability to comply with the rules.

*For Recognition as Lecturer.*—The application of Dr. David Haimmand Fraser was granted, and those of Dr. William Edward Moore Ede and Mr. Lionel Pierrepont Shadbolt, F.R.C.S., granted *pro tem*. One application was adjourned, and one refused.

In the last case Mr. Parker Young moved that the applicant be approved, otherwise the pupil midwives would have to go about twenty miles for their lecture. As the applicant was willing to lecture he considered it would be an injustice to the gentleman concerned as well as to the pupils to refuse his application. The amendment was not seconded.

*To Undertake the Practical Training of Pupils.*—The application of Mr. Heaton Clark Howard, M.R.C.S., was granted *pro hac vice*.

The application of Miss Mary Ellen Stott (No. 34006) was granted.

### PENAL BOARDS.

The next meetings of the Board for the hearing of charges against certified midwives were fixed for December 16th and 17th at 11 a.m.

### EXTENSION OF TRAINING FOR MIDWIVES.

The amendments and additions to the Midwives Act, framed by the Central Midwives Board, have now been approved by the Privy Council and were published in full in *The London Gazette* of the 19th inst.

The principal alteration is that the course of training in midwifery is now extended over a period of not less than six months, the number of labours to be attended and watched is still 20, and 20 lying-in women and their infants are to be nursed during the 10 days following labour.

The course of 20 lectures attended in the prescribed subjects must extend over a period of not less than three months. Exceptions are made in the case of a woman who produces a certificate of (a) Three years' training as a nurse in a general hospital of not less than 100 beds, or (b) Three years' training as a nurse in a Poor Law Institution recognised by the Local Government Board as being a Training School for nurses, and maintaining a resident Physician or House Surgeon, and a Matron or Superintendent Nurse, or (c) enrolment as a Queen's Nurse by the Queen Victoria's Jubilee Institute for Nurses.

In these cases a period of not less than four months is substituted for the period of not less than six months stipulated above.

It is interesting to observe the value of representation on the Central Midwives Board in the special exemption granted to Queen's Nurses. The large majority of them hold certificates of three years' training, and those who do not must have been at work for some time, and have the training and experience entitling them to exemption. But their special claim would scarcely have been brought forward, and received consideration, had not the Queen Victoria Jubilee Institute for Nurses had a representative able to voice it on the Central Midwives Board.

We draw the attention of nurses trained at the London Hospital to the necessity of producing a certificate of three years' training in hospital if they desire to secure exemption from the necessity for six months' midwifery training.

The form to be filled up and signed by the Secretary of the Hospital concerned is as follows:—

Form 1\* (1.).

I certify that ..... possesses a certificate showing that she has undergone a three years' course of training as a nurse in ..... Hospital, being a General Hospital containing not less than one hundred beds.

Dated this ..... day.....19...  
Name.....  
Address.....  
Position and Authority for signing.....  
Signature of Applicant.....

The new regulations come into force on July 1st, 1916.

### NUTRITIONAL DISORDERS OF YOUNG CHILDREN.

A lecture on "Nutritional Disorders of Young Children," by Dr. H. C. Cameron, Dean of the Medical School, Guy's Hospital, was given at the Royal Society of Medicine, 1, Wimpole Street, on Tuesday, November 23rd. He said that in a young infant digestion was the only function there was to upset.

Dyspepsia was divided into three classes—Constitutional, Alimentary, and Infective. There was a constitutional idiosyncrasy in certain types of infants that produced dyspepsia, and it exists in breast-fed as well as hand-fed children. The fault was often erroneously attributed to the artificial food, or to the mother's milk, whereas the fault lay in the child's inability to digest. This had been demonstrated in foreign clinics where one wet nurse had fed two or three children.

Alimentary dyspepsia was produced by an excess of sugar or starch. This was not enteritis, as was often said, and was not produced by bacteria. Infective dyspepsia was divided into two classes: (a) Intestinal infection; (b) Non-intestinal infection, the latter being by far the most common.

Dr. Cameron showed by lantern slides several very interesting temperature and weight charts, and also of different children suffering from the various types of dyspepsia.

One of an infant with alimentary intoxication exhibited a drowsy child, with the peculiarity in this infection of the limbs remaining in the position in which they were placed, in this case the legs being crossed. This form of neglected dyspepsia seldom or never recovered.

Another slide illustrated a marasmic infant. This type of indigestion was very intolerant of fat. Sometimes, the lecturer said that the advertised and patent foods were of use, and in these cases Allen & Hanburys food or Horlick's Malted Milk had been used with advantage. Another slide showed an older child, of the overfed with bread and butter, biscuits, and sugar class. He pointed out its narrow shoulders and protuberant abdomen, and drew attention to the fact that this type suffers from adenoids and enlarged tonsils, has puffy blue hands, suffers from watery cracks, is, in fact, catarrhal all over, and is always hungry. The Government, he said, did a good deal for children, but it worked from the wrong end. These children needed what they never get, a lot of protein, good meat and green vegetables. When put upon such a diet they improve rapidly.

### RESIGNATION.

Miss Renaud, who has done nearly ten years' good work as Inspector of Midwives and Superintendent of Infant Welfare under the Corporation of Newcastle-on-Tyne, has just retired, carrying with her the good wishes of a wide circle of friends. It was owing to her initiative that the Mothers' and Babies' Welcome was formed, which has proved of great value to the city.

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## EDITORIAL.

### THE HORROR OF THE ALBANIAN TRAILS.

The reports published by Mr. William G. Shepherd, the New York correspondent of the United Press at Salonika, concerning the sufferings of the Serbian people, now fleeing through Albania, are so appalling that we can but accept his statement "the entire world must prepare to shudder when all that is happening on the Albanian refugee trails finally comes to light." He tells us that—

"The horrors of the flight of the hapless Serbian people are growing with the arrival at Salonika of each new contingent from the devastated district. They say that nearly the whole route from Prizrend to Monastir is lined with corpses of human beings, and the carcasses of horses and mules, dead of starvation, while thousands of old men, women, and children are lying on the rocks and in the thickets beside the trail, exhausted and foodless, awaiting the end.

In this country removed from the seat of hostilities we see little of the horrors which war brings in its trail. We have it is true in our midst wounded and mutilated soldiers, but the cheery, optimistic men from the front in no way convey to us the pain and sorrow which they have felt and seen. The former they bear stoically, on the latter they maintain silence.

Again although the histories of the refugees who reached these shores at the beginning of the war, were in many instances most tragic, they were brought here too quickly to have suffered greatly from privation.

We are apt to put from us things which are painful, but it is a duty to try to realize what is happening on the Albanian trails, where one of our allies—a nation whose

splendid courage and patriotism have commanded the admiration of the world—is now in agony.

Serbians and Albanians, as well as Austrian prisoners, of whom there are 30,000 in Serbia, have been moving through the scenes of desolation described above, reduced to such straits that in some places they have even stripped the flesh from dead animals to appease their hunger.

And the women and children, who always suffer so terribly. Huddled around meagre fires on the trail, ill-clad and numb, they wait for morning to resume their march to Monastir, where they hope to find safety. But should Monastir be occupied by the enemy the terrible alternative confronts them of remaining on the mountains where an awful blizzard has been raging, or of falling into the hands of the Bulgarians.

"Amongst those who after experiencing the terrors of the trail have arrived safely in Salonika are," we are told, "Dr. G. Landsborough Findlay, and his wife, Lady Blanche Sybil Findlay. They travelled with a party of 8 English doctors, and 16 English nurses, all of whom trudged for seven days through the Albanian mountains along paths buried in snow and mud." Their food on the way was only a little bread, and fifteen of their pack mules died of hunger. The whole situation is one of unparalleled horror.

Can we then consider any sacrifice too great to make for the gallant people who perish from cold, hunger, and starvation on the ghastly trail, or on the frozen mountain side—more especially remembering that the Serbian people trusted to their Allies for aid too long delayed to avert the disaster in which Serbia is now engulfed.

No one with a drop of ardent British blood can consider these things without a sense not only of bitter grief but of shame.



## OUR PRIZE COMPETITION.

### OUTLINE THE NURSING CARE OF EX-OPHTHALMIC GOITRE FOLLOWING OPERATION.

We have pleasure in awarding the prize this week to Miss Amy Phipps, l'Hôpital Militaire, D'Arc en Barrois, Haute Marne, France.

#### PRIZE PAPER.

Ex-opthalmic goitre is a condition due to a non-inflammatory enlargement of the thyroid gland. It is a largely accepted theory that the affection is caused by an irregularity of the sympathetic nerve of the neck, which plays such an important part in the control of the heart's action and the regulation of the calibre of the blood vessels. The operation consists in the removal of part of the gland and the insertion of a drainage tube for the removal of blood and thyroid secretion. In many cases, previous to operation a period of absolute rest, accompanied by small doses of iodine and sodium phosphate, is often prescribed. In favourable cases the tube is removed in two or three days after operation, and at the end of a week the patient is allowed to sit up.

The after-treatment depends largely upon the amount of tissue and organs, such as nerves, blood vessels, &c., involved, and upon the presence or otherwise of complications. The treatment consists largely in absolute rest and absence of worry; in securing this, change of scene is often of great use; local treatment will be prescribed by the surgeon. Tracheotomy instruments should always be at hand.

The patient should be nursed in a recumbent position, with the head between sandbags, and one placed under the neck; a concentrated and nutritious diet should be provided, and where there is difficulty in swallowing, rectal or nasal feeding should be employed. Fresh air and sunlight and cheerful surroundings are also of importance. Drugs are sometimes prescribed, though there is a variety of opinion as to their use or otherwise, and they differ according to the case; they include iodine (externally), iron, thyroid extract, anti-thyroid serum, digitalis, belladonna, phosphate of soda, and sedatives for the relief of pain. The extreme protrusion of the eyeballs occasionally causes some soreness; they should be bathed with boracic lotion. Every effort should be made to husband the patient's strength, and to relieve and treat the symptoms as they arise.

The complications likely to arise are many and serious, and should be watched for, and reported and treated at the onset. They include:—

Heart failure, from the goitre having pressed

on the large veins of the neck, or on the trachea, for a long time, resulting in degenerative changes in the heart and vessels. The usual signs of dyspnoea, cyanosis, &c., are marked. This condition may also result from reactionary hæmorrhage forming a hæmatoma under the wound and pressing on the trachea.

Acute thyroidism occurs in some cases, but is usually avoided by gentle handling of the wound throughout, and by the provision of free drainage. The head must be kept still between sandbags, to avoid "kinking" of the already softened trachea.

Tetany, or crampy pain, is sometimes present, due to interference with the adjacent parathyroid glands.

Operative myxœdema is a serious condition, usually resulting from the removal of too much of the thyroid; were the whole gland removed, death would almost certainly follow. The symptoms of myxœdema include tetanic contraction of the muscles, and, if the larynx is involved, severe dyspnoea, requiring tracheotomy for relief in most cases. The patient often dies from exhaustion.

The treatment of this condition usually includes the administration of thyroid gland obtained from the sheep; this usually results in marked improvement, which ceases, however, with the cessation of treatment.

Aphonia often results from injury to the recurrent laryngeal nerve during the operation, or from pressure on that nerve by the scar.

Sepsis may lead to cellulitis of the neck, but where the rules of asepsis are faithfully enforced this should not occur.

Complications may result from the division of the recurrent laryngeal nerve. Suture of the nerve has been successful in a few cases.

Each complication must be noted at the onset, and reported and treated without delay.

Each case will call for devoted nursing and intelligent observation, that no symptom may pass unnoticed, and so untreated.

#### HONOURABLE MENTION.

Less papers than usual are worthy of honourable mention. Miss Dora Vine and Miss M. Mackenzie are awarded this recognition.

Miss Dora Vine writes:—As worry, general nervousness, and fright are often thought to induce this disease, it is most necessary to keep the patient's mind at rest. All the skill of physician, surgeon, and nurse will be useless if the patient is worrying all the time.

#### QUESTION FOR NEXT WEEK.

What care would you give mother and child for first five days after birth?

## NEW METHODS IN WAR WORK.

In considering the new methods of treatment in war hospitals one is in many cases brought face to face rather with the adaptation of many older methods and improvised materials to the exigencies of the singular work to be done; a work which is quite different to anything with which the majority of nurses had come in contact previous to the commencement of the war.

Here, although aseptic methods must be persevered with, to prevent any possible "mixed infection," they must of necessity be largely combined with antiseptics, on account of the large amount of sepsis which is present in most cases.

Some bullet wounds are comparatively clean, but in the majority of the large and extensive wounds, pus and sloughs are abundant.

For cleansing purposes, methods vary considerably, of course, according to the individual surgeon at work. Saline solution used as baths, irrigation, fomentations, and wet gauze dressings, are still largely used, and are attended by marked success for cleansing purposes, so long as such measures can be borne. It also has the advantage of being cheap and easily procurable. A knee bath and irrigator combined has been wonderfully improvised by a heavy zinc box with a window cut at the top and side and a large hole at each end through which the leg is passed; from each hole proceeds a "bag" of mackintosh, which is strapped tightly to the limb. From the lower end a drainage tube carries off excess of lotion into a bath at the bed side, whilst an ordinary irrigator suspended from the wall, and arranged over the bath, supplies a constant irrigation.

Similar to this, and less complicated in preparation, is the "Murphy drip," which simply supplies a continual irrigation to the wound, of whatever lotion is desired. Other lotions which are very successful in cleansing these dirty wounds include (a) a solution of chlorinate of lime, (b) a solution of hydrochloric acid and alcohol, (c) iodine and hydrogen peroxide (used alternately). Each of these are inexpensive and have had wonderful results in dirty, sloughing wounds. Chlorinate of lime has to be used carefully, as when the nerves are exposed a strong solution causes great pain.

During the hot weather the sun treatment of wounds was largely and successfully used. The patient was placed immediately beneath the sun's rays, the part being covered by a single layer of gauze, which was kept *always wet* with some lotion. Needless to say, as the sun worked round the patient was moved also, shade being provided for the face.

This treatment is supplemented or replaced by "light" treatment; a bulb containing light of fifty candle power is suspended to a cradle, and the light directed to the wound at a distance of 6 in. to 10 in.

Nerve suturing has been performed successfully in a large number of cases, notwithstanding the sepsis present. Sinuses have in some cases been

treated by oxygen introduced by means of a canula of the required length, thus reaching to the extreme end of the sinus. In treatment of amputations many surgeons are in favour of leaving no flap and applying no sutures, but simply allowing the already septic stump to granulate and heal over. This, of course, takes some time, but has excellent results in effecting a permanent cure. The bandaged stump is best covered with a bag made of jaconette. When finger-tips have been blown off, amputations are often avoided by applying dressings in the form of a tight finger bandage. It is a rather painful proceeding at first, but in many cases it has been the means of saving fingers. Any dressing can be cut and applied in this way.

A case within the writer's experience of a case of tetanus deserves mention. Oxygen was being administered, and on account of the mouth contraction the mouthpiece (which, by the way, was a sterile pipe end) hung loosely, and some oxygen escaped. The wound was of the hand, and the lad habitually had this hand, which was simply dressed with thin gauze, lying near the mouth. The wound healed with marvellous rapidity, presumably from contact with the free oxygen.

Many wonderful things are being achieved in the treatment of bone, amongst others that of bone-grafting. Resection of the rib is performed, and the bone used in small grafts to help to replace the bone in extensive face wounds. The dentist works with the surgeon, and in many cases very little loss of power or disfigurement results.

In the long bones, where part is shot away, the deficiency is made up by plating, leaving room for the callus thrown out to fill up the gap in the bone. In this way deformity is reduced to a minimum. Needless to say, each case needs treating individually.

In some war hospitals splints are made on the premises, and according to the particular needs of each case. Thus it is possible to get various inclined planes, both for splinting and for raising the limb. One very useful splint for knee or lower leg is a back splint with an adjustable foot-piece, raised from the bed at the foot by an attached wedge, and cut away somewhat at the inner top side, for hygienic purposes. This, used with two straight side splints, is both comfortable and effective.

For fracture of the lower part of the thigh the leg is often flexed at the knee over a suitable inclined plane, and extension applied, and later shut up in plaster.

A. P.

Canada, with superb generosity, has sent a gift of £10,000 for the Anglo-Russian Hospital at Petrograd. Thus it contributes for the upkeep of 100 beds for one year. Queen Alexandra says she knows how pleased her sister, the Empress Marie Feodorovna, will be to hear of this generous help from Canada.

## THE ROYAL FREE HOSPITAL.

### DEDICATION OF THE MILITARY SECTION.

Saturday, November 27th, was a Red Letter Day at the Royal Free Hospital, Gray's Inn Road, W.C., for the Bishop of the Diocese came to dedicate its new Military Section and Chapel, and it would be difficult to find a more restful and beautiful hospital Chapel, with mortuary chapel adjoining, than the one dedicated by the Bishop on Saturday last.

The entrance to both chapels is by a vestibule where a Guard of Honour of Territorial Nurses was drawn up. On the right is the mortuary chapel, directly facing one the chapel proper. By the kindness of the Matron, Miss Cox-Davies, we are able to present an illustration of the latter, but this can convey no idea of the harmony of the colouring, the richness of the embroideries of frontal, and dossal, with wings tender blue in tone, and the beautiful east window, blending with the grey walls and red tiled floor.

" 'Tis for Thee we  
bid the frontal  
Its embroidered  
wealth unfold,  
'Tis for Thee we  
deck the reredos  
With the colours  
and the gold ;

Thine the floral glow and fragrance,  
Thine the vesture's fair array,  
Thine the starry lights that glitter  
Where Thou dost Thy Light display."

Only a small percentage of those bidden to the Dedication Ceremony were able to attend the service in the Chapel. Amongst those present

were Princess Christian, President of the Hospital, Princess Henry of Battenberg, Princess Marie Louise of Schleswig-Holstein, Mr. Alfred Langton, Chairman of the Committee of Management, the Matron and others.

When the Bishop of London, preceded by his Chaplain, carrying his pastoral staff, had taken his place before the Altar the service began with the hymn :—



THE CHAPEL, THE ROYAL FREE HOSPITAL.

" We love the place O God  
Wherein Thine honour dwells."

Then followed the prayers, after which the Bishop said :—

" By virtue of our sacred office in the Church of God, we do now dedicate and set apart from all profane and common uses this Chapel, in the

name of the Father, the Son, and the Holy Ghost. Amen."

The Bishop then proceeded to the Mortuary Chapel which was dedicated with the same words, and afterwards to the Great Hall, where were assembled officers in khaki, from the Officers' Hospital, privates from the civil wards, nurses from the hospital, former members of the nursing staff, including Miss Cooper, Matron of St. George's Hospital; Miss Rundle, Matron of the 1st London General Hospital (T.F.) and a contingent of Sisters and Nurses from the same hospital.

The service here began with the hymn "O God, our Help in ages past," and the 23rd Psalm, after which the Bishop gave a short address, speaking on the words: "For their sakes I sanctify myself."

Addressing those present as "soldiers and nurses" he could, he said, think of no more appropriate resolution to commend when speaking in the presence of those who had consecrated themselves in the most solemn way, than these words of the great soldier-priest, Christ Himself. Soldiers had consecrated themselves to fight for right and justice in a world which would become a hell if the gospel that might is right were accepted. As men kissed the hilt of their swords they took service to fight against the enforcement of this creed. He regarded khaki as a sacrificial uniform. "For their sakes I sanctify myself." For the sakes of the helpless women and children. Many soldiers, some in the wards of that hospital, had endured terrible wounds in fighting in the cause of righteousness.

And the nurses. They, too, had consecrated themselves. They were doing their bit as soldier-priests. He was taking a service at the front on Good Friday, and did not know that a woman was present at all, when afterwards out from the wings stepped an English nurse, one he knew well at home, who said to him, "Yes, Bishop, isn't it splendid to be allowed so near the guns! It isn't often they let us come so close." That, he said, was the spirit of the British nurse to-day.

"Think," said the Bishop, "what this soldier-priesthood means." The whole church, he said, was called to a baptized priesthood. True, there was a special priesthood, but that related to functions, and emphasised the fact of the priesthood of the laity. The line drawn between the clergy and the laity was a false one, there was no distinction as to personal holiness, all were called to the same sanctity.

The Bishop then spoke of the girding for service, and of what was implied in the training of nurses, and the drilling of soldiers. He urged his hearers to pray for the boys in the trenches, to pray that God would give them the victory soon. The word service had, in these days, taken on a new meaning: soldiers were serving their country, nurses were serving in hospital. As their chapel had been consecrated so they must consecrate themselves—for the sake of the boys who had died, for the sake of the boys who would come

back, that they might find a better England. "Are you Christ?" he said, "asked an Indian woman of an English nurse." That was what the consecrated service of the nurse had meant to her.

The service concluded with the soldiers' hymn "Fight the good fight" and the National Anthem, after which a dainty tea was served in an adjoining room, and then some of the guests visited the various wards of the officers' hospital. These contain 150 beds, and comprise the new out-patient department and maternity block. The great hall in which the service was held, and numerous small wards adjoining, the ultimate use of which will presumably be as consultation rooms, the maternity wards, with theatre attached, and the staff quarters, form together an excellently appointed hospital. Each bed has its down quilt, covered for the most part with plain green silk, though in a few instances the colour is blue, green screens and green chairs harmonize with the quilts giving an impression of restfulness and ease. There is a common room also for those who are up; and the newly installed and up-to-date X-ray room, with adjoining massage department, completes the military section, on the organization of which the Matron, the Secretary (Mr. Reginald Garrett) and all concerned, are to be congratulated.

The Bishop, beloved of soldiers, gave very much pleasure by going round the wards after the service and speaking to many of those who were unable to leave their beds.

## THE HOT IRON AND THE BODY LOUSE.

One of the great calamities of the trenches, says *The Lancet*, is the constant struggle with minute but unbearable parasites originating largely from the trenches newly taken from the enemy. Apart from stoving there is scarcely any rapid method of ridding the clothing of lice. An excellent and very simple method is as follows. An iron is heated to a moderate temperature, and first the underclothing and then the outside clothes are systematically treated. In the case of the former, both adult lice and nits are exterminated by a single ironing. For cloth further precaution is needful; for nits, which are always laid on the hairs of the exposed surface of cloth, one ironing is sufficient; but for the adult parasites, which take refuge in the seams, it is necessary to pass the iron back and forth several times at a high temperature over the principal seams, especially of the back and collar.

Those who know that the bites of various parasites are not only intensely irritating, but also that dangerous diseases may be conveyed by them, will be glad to note this simple method of dealing with them.



## NURSING AND THE WAR.

President Poincaré and Mme. Poincaré, the Ambassadors of the Allied Powers, and civil and military authorities of Paris with delegations of British and French hospital organisations, were present at the Trocadero on Sunday afternoon at a great gathering convened by the League of the Rights of Man in honour of Miss Edith Cavell, when M. Painlevé, Minister of Public Instruction, took the chair and made a most eloquent oration, in the course of which, as reported by the Special Correspondent of the *Daily Telegraph*, he said:—

"Germany has neither accused nor excused herself. Her lawyers are still miserably quibbling over the murdered nurse's so-called trial. It passes their comprehension that the legality of the murder increases its horror.

"What is intolerable precisely is that her trial and execution conformed with German justice. So long as Germany does not profoundly feel the shame and remorse of this crime, no peace will be possible between Germany and humanity. . . .

"She whom we celebrate to-day must not appear to us merely as a touching elegiac figure, but as an inspirer of heroic deeds. Afterwards, when justice triumphs and barbarism is worsted, she will live again a gentle figure in the memory of men. . . . The Germans shot the frail nurse in vain. Little English nurse you have not been vanquished, you are victorious for all time. At this great commemoration, which anticipates history, before crowds of French people come to celebrate you, we greet you as the herald of better humanity and triumphant justice."

A Military Sister writes: "The article on 'Our Orderlies' in last week's *BRITISH JOURNAL OF NURSING* realistically describes the experience of many sisters but the fact is that the strong and able men we used to get as orderlies are now used up on active service; and in my opinion this hospital is working its wards most satisfactorily with Sisters, Charge and Staff Nurses, and two or three probationers, and I find the experience a grand improvement on the ordinary working of a military hospital with Sisters and male orderlies. It is the civil hospital system, and undoubtedly nursing is better done by women than men. If kept in the capacity of probationers the V.A.D.'s are thoroughly good, and we work exactly on civil lines, without lectures and exams. But if we do not get State Registration soon what will happen at the end of the War? Naturally those who have been working for two or three years under skilled nurses will consider themselves trained, and the competition will be fast and furious."

We have received a large number of letters from both Sisters and Matrons working in military hospitals, sympathising with the nursing staff who resigned from the Endsleigh Palace Hospital

for Officers—and wondering how it would be possible, without breaches of discipline, to obtain redress. One Sister writes that she answered the call to mobilise in August, 1914. She spent weeks in scrubbing and cleaning in a certain hospital, to which work she had no objection; but resents, after all the rough work was over, being suddenly sent off to a Poor Law Infirmary, and having to work under those compulsorily added to the Service, and being placed under the authority of Sisters who had neither her knowledge of general or military nursing, nor general education.

Another complains that, having held the position of Superintendent, she has for a whole year been doing staff nurse's work under young Sisters who were brought in from outside—many of whom are not of the type who should be a Sister in a military hospital at all.

Another complains of the lack of discipline amongst the nursing staff, owing to the divided authority of the Principal Matron and Matron. These two officials do not agree, and in consequence there is no ultimate appeal in professional matters; and as the Matron is much the more able woman of the two, she considers it is a pity she has not the authority to control the nursing department. A house, evidently, divided against itself.

A Matron, who has resigned after a year's untold misery of a V.A.D. hospital, writes: "If I had known, as I do now, that many others besides myself were suffering the same kind of injustice, I would not have left quietly, and all the Sisters would have joined me; but we did not wish to upset the patients more than necessary. The Sisters would sign with me any form of protest or petition to Lord Kitchener or other authority likely to effect the proper administration of the V.A.D. hospitals. I personally know of three similar cases to my own, in which the Matron's work has been so interfered with by untrained heads, that they have been forced to give up, and, in consequence, none but an inferior trained nurse would take up the work after their predecessors had been treated so unfairly."

This Matron sends us her "case." It is astounding—and all the result of the present "system" upheld by the War Office. We shall refer to it on another occasion.

In this connection we have been privileged to read a letter from an untrained Commandant who reigns supreme, with a young sister in her teens as second in command, over "my own war hospital," a mansion in the country. It ran: "My uniform is extremely becoming, I designed it myself. I am, of course, absolutely supreme; I organize and order every thing; I go first to the kitchen and arrange all meals; with my secretary I then attend to letters, then to the wards where I inspect, superintend, and do what nursing I choose—(the men simply adore me). From 12 to 1, I return to office and reprimand the nurses!" This final touch is sublime. We wonder how long this beatific régime will last!

Miss Irene Russell (who is now in the Cambridge Military Hospital at Aldershot), has been deputed by the military authorities to take charge of a Rest Club or Hostel for Nurses at Calais. The idea of the institution is that the hard-worked nurses, English and French, should have somewhere to rest, read, write letters, and fill in their spare time between tending the wounded. Miss Russell will bear most of the running expenses, but to equip the Club well a fund is necessary, and she hopes friends will help her.

Dr. Anna Hamilton, Directrice of the *Maison de Santé Protestante* at Bordeaux, writes thanking this journal for drawing attention to the hook pins for putties described by Dr. Rutland in our issue of November 13th. She has ordered some, and the soldiers in the hospital are delighted with them.

An interesting piece of work is described in a letter in the *American Journal of Nursing* by Miss Katrina E. Hertzner, one of the Red Cross Nurses. Miss Hertzner writes:—

"I take it for granted that you know about the plans made by the German and Russian governments for an exchange of neutral surgeons and nurses to do sanitary inspection in the prison camps. Thirty-eight nurses and nine surgeons have been selected from the American Red Cross units having recently done service in Germany, Austria and Hungary, and are being sent for the German Government under American Red Cross auspices to the prison camps of Russia.

"The Russian concentration camps are scattered throughout European Russia like cities and villages—at least, a map of these camps gives one that impression—and since we will cover all the camps in European Russia and the Western half of Siberia, you may readily see how huge the project is, and may well imagine how woefully inadequate our number will often seem to us. It is not expected that we do any individual nursing but rather visit the camps especially those where

epidemics exist, and segregate the sick and wounded from the well, provide for special food for the sick, and isolate cases needing isolation. Also we expect to furnish supplies to the prisoners for cleaning and disinfecting the camps. There are about 200,000 civilian German and Austro-Hungarian subjects interned in Russia—in European Russia being in the concentration camps, and in Siberia living in villages. These we shall have to look after also, so that we shall have social service work to do on a huge scale. As most of the wounded prisoners pass through Moscow, one division with our best surgeon will be stationed west of Moscow for the purpose of visiting the hospital transports, dressing cases

needing it, and removing from the trains those needing immediate operation. This will save many who would otherwise be lost, as many of the wounded are sent beyond Moscow, a journey of five or more days longer. One station will be sent south of the Ural mountains and east of the Ural Sea. Another will be in Tomsk, Siberia.

"The work promises to be intensely interesting, even more so than our work in Budapest has been. That indeed was full of interest, as we were so near the field of activities in the East."



MISS J. C. CHILD AND PATIENTS.

The accompanying picture is of Miss J. C. Child, at present doing Sister's duties at the 1st Birmingham War Hospital, Rubery, Birmingham, and some of her patients belonging to Scottish regiments. Miss Child came over with the South African contingent, having seen much war service, and also held responsible positions as Matron in the Union.

"If you want to write stories of brave deeds, write something about the nurses in Egypt," remarked Private Robjohns, of the A.A.M.C., who has returned to Sydney temporarily, to look after wounded and sick soldiers. "You could not say enough about their grit and ceaseless ministrations to the men under their charge. They work just as

long shifts as do the men, and often longer, and in the Egyptian climate that is a great test of endurance. They are just magnificent, and no man who has been nursed by them or worked alongside of them in the wards day or night will ever forget them."

A Medical Relief Expedition is shortly to be sent to Russia, for work among the Russian and Polish refugees from the devastated villages of Poland. There is every kind of disease rife among them, owing to cold and starvation, and the work will be chiefly medical and maternity work. The Unit will comprise doctors, sanitary inspector, nurses, &c. Only fully certificated nurses with C.M.B. are being taken, and they are being selected by the National Union of Trained Nurses. Miss Thurstan is going out to Russia this week, in advance, to make arrangements for the Unit that is to follow. We hope to publish a list of the Matron and Sisters next week.

Mr. Lawrence Alma Tadema, in an appeal issued by the Polish Victims Relief Fund, writes: "The earth which the Poles love as no earth is loved by any other race, has been torn, violated, devastated, from end to end. The villages are in ruins, the harvests trampled or stolen; the sacred shrines are desecrated; the ancestral mansions, where the past was still a part of to-day, piously preserved for to-morrow's inheritance, are rifled of their treasure—looted and demolished. Poland is lacerated over the whole of her body, mangled, and now lies starving to death. . . . There are now no children in the villages. Think of it! A whole land without its children. Others are being born at this moment, God knows how—on the wayside, in the charred cottage, in the cattle truck that bears the refugees into exile—born only to die. Their little bodies are on the road—a hideous trail; a lady fleeing from Warsaw in her car counted seventeen dead bodies in the ditches. We cannot yet help to build up Poland's ruins. . . . We can only send money to save the children of refugees, whom recent events have driven—a deluge of human misery—on to Russian soil."

### OUR ROLL OF HONOUR.

A heroic figure amongst nurses is Miss Mary Rodwell, who, it is believed, went down with her "cot" patients on the hospital ship *Anglia*. Some letters received by a friend which we have had the privilege of reading are now of tragic interest, and prove that she was well aware of the risks she ran in serving the sick and wounded on a hospital ship.

Thus, on September 8th she wrote: "The large hospital ships have gone to the Dardanelles, leaving us only the small ones for France. I saw the —, she takes 3,000 patients, and is enormous. I prefer a smaller boat myself, in case anything should go wrong, and just now the German mines are a great many over here. We

have also seen submarines at times. There was one outside the harbour here one day. It had been waiting for the packet boats bringing Tommies, and it was only sunk about a quarter of an hour before they came. It is really wonderful that we have only had that one transport sunk with all the number going over. It is wonderful what the Navy do, all the time without any one realising."

"So far we have been very lucky with the hospital ships. We had a narrow escape with bombs a few weeks ago. The explosion threw us out of our bunks. It was at night, 12.30. I was not so alarmed as the others, as I had already awakened; the others only awakened with the explosion. The high explosive bomb was only forty yards from us, and several fire bombs only ten yards from us burnt themselves out on the pier without doing damage, as they were on the stone pier, but the noise of the explosive bombs was terrific. We just rocked and dashed, the boat listing very much, but recovering itself without any damage done except lights and telephone broken, but a trawler near had some men killed and injured. All the big things round luckily escaped. It was a grand sight to see the Zeppelin, when it was no longer able to drop bombs on us, with all the powerful searchlights on it, and guns firing and blazing out at it. One could see the shots all round it. It looked like a large silver cigar about 3,000 feet up. Then one shot hit it, and damaged a chamber, but did not bring it down. It threw out a cloud of smoke, and though damaged was soon out of range."

On November 7th, only ten days before the sinking of the *Anglia*, Miss Rodwell wrote:—

"Did you see we brought over the King on our boat? Was it not an honour? Such excitement and great preparation, as we were told if rough weather came we might have him and his suite on board for three or four days, just as we have the Tommies if it is very rough. However, we came over the same day. We started in fair weather, but it was a terrible crossing afterwards. We had an escort of four destroyers across the Channel. Usually we have none at all.

"The King's suite, including the doctors and two nurses were all ill, and the nurses had to go to bed. Of course, in a way we were not sorry, as we got a look in, and looked after His Majesty, as we have all got our sea-legs. He was very nice, and shook hands and thanked us for what we did for him."

Many other interesting details were given by Miss Rodwell, proving not only that she realised the risks to which she was subjected, but that she faced them quite calmly. And calmly she faced the end, devoted to her patients in death as in life.

The Central London Sick Asylum League, Hendon, and the National Council of Trained Nurses of Great Britain and Ireland, are proud to count her one of their members and to honour her memory.



## FRENCH FLAG NURSING CORPS.

Lady Barclay has resigned the position of President of the F.F.N.C., as she is closing her London house for the present which for a year she very kindly permitted to be used as Headquarters. The Committee passed a unanimous vote of thanks to Lady Barclay for her valuable services, and for her constant attention to the welfare of the Corps, and for all the work she had done on its behalf.

At the meeting of the Committee on Tuesday, Mrs. Bedford Fenwick, Hon. Treasurer, presented the audited accounts for the past year, which show a very satisfactory balance, and also with what strict economy the work of the Corps both in England and France has been carried out. A very warm vote of thanks was accorded the Hon. Treasurer for the very successful manner in which the finances of the Corps have been administered. The statement of accounts is divided into three sections, the French Government's grant for nurses' uniform and tickets, and the Appeal Fund receipts and expenditure in England and France. These accounts will be incorporated in the forthcoming Report of the year's work, which is now in hand.

At a recent meeting of the Committee Miss Grace Ellison, who was present, reported how admirably the system, recently inaugurated by the Committee, worked at Paris Headquarters, with the assistance of the highly experienced Matron-in-Chief, Miss E. J. Haswell, in office. Work began at 9 a.m. every day and everything went like clockwork. The beautiful room allotted at a very moderate rent at the Hotel Bedford, was now arranged in a thoroughly business-like way, and she hoped the comfort of the nurses passing through Paris en route for duty would be considered more and more. However late they arrived, through delayed traffic, Miss Haswell always met them at the station, sometimes long after midnight. The Hon. Treasurer, Mrs. Bedford Fenwick, had organised the financial arrangements on an excellent system, both in Paris and London, and had shown her wisdom in firmly refusing to share financial responsibility excepting with the Committee. An enormous amount of work had thus been accomplished at a minimum cost. The Sisters were, in the majority of instances, held in the highest respect, and she was glad to report that a good number were remaining in the Corps at the expiration of their year's service. Thus services were secured for the sick and wounded which experience had made increasingly valuable. Miss Ellison agreed with the Hon. Treasurer that an effort should be made to obtain funds to increase the salaries of these senior Sisters.

The Canadian National Association of Trained Nurses has been instrumental in organising a unit of ten graduate nurses for service with the F.F.N.C., and it is hoped they will leave Canada

this month for England. Miss Gunn, Lady Superintendent of the Toronto General Hospital, has been most kind in helping to select the nurses, and Miss Weyer is the secretary of the sub-committee dealing with the matter.

The nurses are raising the cost of their transportation to and from London, where they will be taken under the wing of the Committee, and the Canadian railways and steamship lines have been kind enough to grant half rates to all nurses going to service with the F.F.N.C.

The Canadian unit will receive a very hearty welcome in London, and we hope they will come prepared for real pioneer work in France.

In the name of the Corps we have to thank the Aberdeen War Dressing Depot, 5, Bon-Accord Square, Aberdeen, for a most welcome gift of surgical supplies, of 400 pine dressings, 450 roller bandages, 80 many-tailed bandages, 20 T bandages, 50 slings, 25 pillows, and 10 pneumonia jackets. They have been sent to the Sisters at Fismes, Lisieux and Toul.

A public meeting is to be held in Bordeaux on December 3rd, to express the feelings of the Bordelais on the subject of the execution of Miss Cavell, and Miss Edith Gregory, Matron of the Talence Hospital, and as many of the Sisters of the French Flag Nursing Corps as can be spared from the wards, have been invited to attend to represent the British Nursing Profession, and many hope to be able to do so.

We have again the pleasure of acknowledging a handsome donation through a member of the Corps. Miss C. B. Forsyth, of Princeton, New Jersey, has most kindly sent Sister V. E. Macarthur who is on duty at Neufchateau, a gift of £20, 250 francs of which she has contributed to the general fund of the Corps.

Sister Carmichael writes from Hôpital Rébeval, Neufchateau:—"I have just received a box containing comforts for the soldiers in the way of sheets, mufflers, socks, and cardigans, also a roll of mackintosh, surgical bowls, and hot water bags—all these things have been in Paris since early last spring, and were sent for our hospital Jeanne d'Arc at Bergues; then the bombardment arrived, consequently the hospitals were closed. Now that we have been here some time we asked for and have received them. I want to thank you for forwarding these comforts for the French soldiers; you cannot imagine how much they are appreciated, and required, especially now in the cold weather. I ask you on our part and on the part of our patients to thank the kind people who have helped us. Their help makes our work all the more useful. It is now a year since I left London for work in the F.F.N.C., I have been very happy, the work is most interesting, the French soldiers charming to nurse."

We are pleased to hear again of that very



useful consignment of comforts—sent off so long ago—especially the roll of mackintosh; we feared it had gone astray. It cost £10, and was the gift of a generous woman, who was herself unable to do active work for the sick and wounded, asked us what she could send to Bergues. All's well that ends well.

### BRITISH UNITS IN SERBIA.

News has been received of the arrival at Salonika of a British Red Cross party, including the first British Field Hospital, of which Miss Annandale, from South Africa, is Matron, and Miss Lewis, from England, a Nursing Sister. The commandant is Dr. J. Hartnell Beavis.

The arrival at Salonika of medical men and women, nurses and orderlies, belonging to various British units, is also notified.

It is believed that members of the Scottish Women's Hospital, the Stobart Unit, the Wounded Allies Relief Unit, and the second Farmers Unit are on their way to Montenegro.

### JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in home hospitals:—

*Gifford House, Roehampton.*—Miss E. M. Cordner.  
*Bere Hill, Whitechurch, Hants.*—Miss E. L. Roe.  
*Mulgrave Castle, Whitby.*—Miss M. C. Parmlinter.  
*Princess Christian Hospital, South Norwood Hill.*—Miss K. Fenwick.

*Red Cross Hospital, Bricket House, St. Albans.*—Miss J. K. Lewin.

*De Walden Court Hospital, Meads Road, Eastbourne.*—Miss M. J. Horan.

*Kingsdon Red Cross Hospital, New Malden, Surrey.*—Miss M. Meadley.

*Victoria Hospital, Keighley.*—Mrs. D. Unwin.

*Red Cross Hospital, Emsworth, Hants.*—Miss C. A. Lawson.

*Boxmoor House, Boxmoor, Herts.*—Miss M. A. Blackmore.

*Red Cross Hospital, Mere, Wilts.*—Mrs. Winifred Smith.

*Red Cross Hospital, Waterlooville, Hants.*—Miss E. H. Reed.

*Military Hospital, Yateley, Hants.*—Miss A. Sim.

*Military Hospital, Grove Road, Richmond.*—Miss A. M. Stevens.

*Vernon Institute Hospital, Great Langhall, Chester.*—Miss M. L. Frith.

*F.A.D. Hospital, Warden, Luton, Beds.*—Miss F. M. Neale.

*St. Mary's Hospital, West View Road, Worthing.*—Miss H. G. Fleming.

*Red Cross Hospital, The Barracks, Grantham.*—Miss M. E. Nolais.

It is proposed on December 4th, Miss Edith Cavell's birthday, to start a fund to establish an "Edith Cavell Home of Rest for Nurses." Her sister, the Matron of the Convalescent Home at Withernsea, will, at first, act as secretary and treasurer.

## OUR TERRITORIAL HOSPITALS.

One of the most satisfactory pieces of work for the wounded during the present War has been the mobilization of the twenty-three General Hospitals of the Territorial Force, for the reason that their control is in professional hands, and a large amount of professional knowledge, skill and conscience has been available for their organization. The result is that their scope is being enlarged and their capacity in regard to beds in many instances doubled.

This is the case at the 1st London General Hospital, Camberwell, where huts for another 520 patients have recently been erected in Myatt's Fields. The architect of to-day loves long wards; indeed, it would almost appear that the longer the ward the greater he considers his triumph to be, and the new huts at Camberwell follow the present fashion, but the bathrooms and lavatories are arranged in annexes placed half-way down the wards on either side, which lessens the work of the nurses.

Many gifts obtained through the Standing Committee of the hospital have supplemented the official supplies, and the wards are brightened by scarlet and other blankets, which the patients can draw over them when lying on their beds; and small pillows and pillow cases, locker cloths, flower vases and pots add to their comfort and pleasure.

Incidentally, it may be mentioned that easy chairs are needed for convalescents, as well as cushions, mufflers, unlimited soap, writing paper, post cards, pencils, pens—and, of course, tobacco, pipes, cigarettes and matches.

### THE MORTUARY.

The arrangements of the hospital mortuary must impress the relatives of patients who pass away there with the care and reverence with which their bodies are treated after death. It is arranged as a chapel, and, indeed, the first part of the service is held there, if the relatives do not wish the funeral to take place elsewhere. The body is covered with a white linen pall, on which a cross is outlined in red, and over it the British flag, for which the soldier fought and died. The Sister of the Ward in which the patient was nursed always attends the service in such a case.

### RECREATION HUT.

On Thursday, November 25th, a meeting, at which Lieut.-Colonel Tooth, the Officer Commanding, presided, was held at the hospital, with the object of furthering the erection of a recreation hut in Myatt's Fields, for the more convalescent patients. Such a hut is urgently necessary, for many of the patients are well enough to be up and about, and, indeed, the wards in which patients are acutely ill, do not lend themselves to the recreation of convalescents, who must sit or lie about on their beds, as the War Office regulation allowance of chairs for a hospital of 520 beds is 40.

Colonel Tooth explained that the Young Men's Christian Association had offered £300 towards the cost of building the hut, which is estimated at £650, but at least another £300 will be required for its equipment and the expenses of heating. Light and water will be supplied by the Government.

Mr. Bennett, representing the Y.M.C.A., explained its method of procedure, and said that within ten days of the outbreak of war 250 such centres had been organized. Now there were over 1,000 in the British Empire, or with the Expeditionary Force. They were at work in India, Egypt, Mesopotamia, in the Dardanelles, at Malta, and elsewhere; and provided recreation, rest and refreshment. In connection with the one proposed for No. 1 Hospital, it was hoped

served in the V.A.D.'s recreation room; after which, many of those present took the opportunity of seeing both the new huts, and also the wards of the original hospital in St. Gabriel's College.

#### RECREATION HUTS IN FRANCE.

Over one hundred recreation huts and canteens have now been established in France by the Y.M.C.A., for British soldiers in connection with the Princess Victoria Ladies' Auxiliary Committee, and over 300 ladies have been sent out to work them and are carrying out their duties excellently, and letters received from the Base Commandants and from the soldiers prove how much they are appreciated. The hut shown in our illustration is the one at Havre named after Her Majesty the Queen. Needless to say all this



A VIEW OF QUEEN MARY'S HUT AT HAVRE.

to provide an extension, with billiard tables, if sufficient funds were received, and to open the hut by Christmas, or at any rate by the New Year. The equipment should include plenty of easy chairs, games, a platform for concerts; and the hut would be available for the use of men of all creeds.

#### THE COMMITTEE.

Colonel Tooth then proposed a Committee of Management, with Major McAdam Eccles as Hon. Treasurer; and, on the proposition of the latter, Mrs. Howard Tooth was elected Hon. Secretary. He also announced that, in addition to the £300 guaranteed by the Y.M.C.A., over £260 had been promised, which was a very satisfactory beginning.

At the conclusion of the meeting, tea was

work requires liberal donations, although many of the workers give their services and maintain themselves, and support could scarcely be given to a better cause. The huts take the place of a club, where the men can meet, see the papers, write letters, see their comrades, and enjoy the recreation and amusements, which help to relieve the inevitable tension of life at the front.

#### THE GOING.

He's gone;  
I do not understand.  
I only know  
That as he turned to go  
And waved his hand  
In his young eyes a sudden glory shone  
And I was dazzled with a sunset glow,  
And he was gone.  
—Gibson.

## CARE OF THE WOUNDED.

The people of Wales will hear with pride of the decision of the Army Medical Service authorities to send a Welsh Hospital to the armies overseas. The decision is a gratifying acknowledgment of the important work achieved by the existing Welsh Hospital at Netley and of the generosity of the people of Wales in maintaining that hospital for a whole year. It was the original desire of the founders of the hospital that it should be with the expeditionary force, so that this decision is naturally very gratifying to them. We have no doubt that the news will arouse enthusiasm throughout the Principality and that the people will not only determine to continue to maintain the Netley institution, but will desire to be prominently associated with the Welsh Hospital overseas as well.

Tetanus is now not only being treated with anti-tetanus serum, but in addition with injection of carbolic acid—a new form of treatment which has been tried with great success at University College Hospital.

The report of Mr. Gerard, the American Ambassador in Berlin, regarding the prisoners' camp at Wittenberg, has drawn from Sir Edward Grey, Secretary of State for Foreign Affairs, the comment that he cannot pass over in silence incidents such as the introduction into the camp of a dog which attacks prisoners, and the striking of prisoners, including a man with a crippled right arm. He points out that such proceedings are a disgrace to the officers and men entrusted with the supervision of the prisoners, and calculated to bring the army to which the officials belong into contempt.

A grave charge, substantiated by the American Ambassador, is that when Russian prisoners brought spotted typhus into the camp and the British prisoners asked to be put in barracks by themselves, the request was refused on the ground that "the British should learn to know their Allies better." The result was that fifty British military prisoners and nine civilians died from the disease. Can callous brutality go further?

## NATIONAL UNION OF TRAINED NURSES.

The following nurses have obtained posts at the undermentioned places through the National Union of Trained Nurses:

*Chilworth, Surrey.*—Mrs. Magill (Sister).

*F.A.D. Hospital, Exeter.*—Miss C. M. Turner (Theatre Sister).

*F.A.D. Hospital, Hassocks.*—Miss J. Aird (Sister).

*New Zealand Auxiliary Hospital, Walton-on-Thames.*—Miss G. Bennett (Sister).

*Private Post, London.*—Miss Kelly.

## APPOINTMENTS.

## MATRON.

*The King Edward VII Welsh National Association Hospital.*—Miss Margaret Davies has been appointed Matron. She was trained at St. Mary's Hospital, Paddington, and has been Matron of the Meadowslea Tuberculosis Hospital of the Welsh National Memorial Association at Pen-y-fordd near Chester, and is at present at the Second Western General Hospital, Duncie Avenue, Manchester.

*Gellycaer Isolation Hospital, Pengam.*—Miss Blodwen E. Thomas has been appointed Matron. She was trained at the Cardiff Sanatorium, and has been Staff Nurse and Deputy Matron at the Gellycaer Hospital.

## SISTER.

*South Western Hospital, Stockwell.*—Miss Marcia G. Cook has been appointed Sister. She was trained at Lambeth Infirmary, and has been Night Sister and Home Sister there, and Health Visitor at Brighouse. Miss Cook holds the certificate of the Central Midwives Board.

*Children's Hospital, Sheffield.*—Miss M. Winters has been appointed Sister. She was trained at the Royal Hospital, Sheffield.

*The Parish Hospital, Paisley.*—Miss Margaret Forbes has been appointed Sister. She was trained at the Royal Infirmary, Liverpool, and has had experience in district nursing.

*General Hospital, Jersey.*—Miss M. Moorman has been appointed Charge Nurse. She was trained at the Middlesex Hospital, and has been Charge Nurse at the Park Hospital, Hither Green. She has also had experience of private nursing.

## HEALTH VISITOR.

*Rhondda Urban Health Visitor.*—Miss A. Wallingford has been appointed Health Visitor. She was trained at the Kensington Infirmary and has held the position of Staff Nurse at the Seamen's Hospital, Greenwich, of Charge Nurse at the Grove Fever Hospital, Sister (under the Metropolitan Asylums Board) at the Joyce Green smallpox hospital, at the Marylebone Infirmary, and at Queen Charlotte's Hospital.

## LECTURER IN RED CROSS NURSING.

Miss A. J. Weighell has been appointed by the British Red Cross Society Lecturer in Red Cross Nursing. Miss Weighell was trained at the Bristol Royal Infirmary. She was for many years the Lady Superintendent of Lady Roberts' Hospital for Officers, Murree, India. In 1902 she received from the hands of H.M. King Edward VII, at Buckingham Palace, the Order of the Royal Red Cross, and in June last, was presented with the Kaisar-i-Hind Medal for Nursing services in India.

## QUEEN VICTORIA JUBILEE INSTITUTE.

## TRANSFERS AND APPOINTMENTS.

Miss Ada S. Sims is appointed to Worcester City as Second Assistant Superintendent. Miss

Sims received general training at Bristol Poor Law Infirmary, district training at Worcester, and holds the C.M.B. certificate.

Miss Elizabeth E. Briggs is appointed to Whickham (Marley Hill); Miss Emma L. P. Chetwynd, to Dukinfield; Miss Constance M. Edwards, to Caversham; Miss Mary McKay, to Deerness Valley (Waterhouses); Miss Henrietta R. Whealler to Paddington, as Tuberculosis Nurse.

### THE PASSING BELL.

It is with great regret we record the death of Sister Isabella French, at the Manchester Royal Infirmary, who passed away on Saturday, 20th inst., after two days' illness.

Her loss will be very keenly felt. She was a most devoted and loyal member of the Nursing staff for 35 years, and leaves behind her a record of duties nobly done. Her life was an inspiration to all, her judgments were always kind, her influence and memory will live long in the hospital.

The interment took place on Wednesday, 24th, at the Southern Cemetery. Previous to this a service was held in the Hospital chapel, which was filled to overflowing by members of the various Boards, Medical and Surgical staffs, past and present nurses, and patients, who came to pay a last tribute to the memory of a most faithful friend.

Miss Sylvia Stephenson, daughter of the late Alderman C. Stephenson, of Wallend, has, we regret to learn, died from dysentery, contracted at Cairo, while working as a nurse under the British Red Cross Society.

### THE HARVARD UNIT.

A unit in charge of Dr. David Cheever, jun., of Boston and Harvard University, U.S.A., with 30 medical men and 36 nurses selected by the Harvard authorities, is now in this country but expects to cross to France to join the Harvard Unit already there early next week.

The following are the nursing staff:—

Miss M. Goodnow (who acted as Superintendent of Nurses during the voyage, and will continue to do so until she hands the unit over to the charge of Miss Parsons, a graduate of the City Hospital, Boston, who has been Matron of the unit in France since April), Mrs. O. Alexander, H. Tolman, I. S. Watson, and the Misses C. B. Akeroyd, M. M. Arcah, V. L. Benjamin, A. C. Birtles, M. F. Copeland, A. G. Creeden, M. S. Davidson, E. L. Edwards, M. C. Fallon, D. Foster, H. E. Fyfe, C. F. Gardiner, G. E. B. Gilbert, C. Goss, M. E. Graver, E. Hamblton, I. S. Harkom, F. M. Hocken, C. C. Johnston, E. E. Kellough, I. Kelso, M. E. Linscott, M. M. Logue, E. McBride, M. F. Malley, M. S. Marr, H. P. Peterson, E. B. Shepherd, A. Shepherd, C. Sinclair, E. Sinclair, K. J. Wiseman.

The unit, of whom to are British subjects and the remainder American citizens, will work under Colonel Perry. They are now obtaining their uniform in this country, and we are informed are in the employ of the War Office.

### NURSING ECHOES.

Mr. Herbert J. Paterson, F.R.C.S., had an excellent letter in the *Times* on Wednesday on "Nurses' Uniforms," called forth by a sense of justice to trained nurses, *re* the protection of the V.A.D. uniform, claiming that "the heroism and devotion of the nursing profession in the face of danger, whether from bombardment, or in sinking ships, in hospitals at the front, or amid the many risks incidental to the ordinary routine of nursing in time of peace or war, not only compel our highest admiration and respect, but entitle the profession to a distinctive uniform which should be a badge of honour, whereas at present a nurse's uniform is too often the becoming disguise assumed by a charlatan or an impostor."

The *B.J.N.* thanks him for this honourable expression of opinion.

*Votes for Women* says:—"Another tribute to the courage and devotion of nurses, as we have more than once urged, would be to pass their Registration Bill, and thus ensure their professional status. Had this been done before the war, we doubt if it would have been possible to reduce the salaries of nurses at the front, as was done at the beginning of this year."

Two Queen's Nurses who recently applied for service with the French Flag Nursing Corps said, "We applied because we liked what you said this week in the *B.J.N.* about Queen's Nurses—we do learn to be practical and unselfish on the district, and to make the best of things, and we gather that is what will be required of us." There is the whole matter in a nutshell. We would add, drop your insular scales before setting out on your travels, and all will be well.

Miss Beatrice Kent writes from the Presbyterian Hospital, New York, just before leaving for home:—"We returned from Boston on Tuesday after a most delightful visit to Miss Parsons, the Superintendent of the Massachusetts General Hospital. It is famous in more than one way, and has the most perfect system of social service one could possibly hope for. I have picked the brains of so many kind people, to the enrichment of my own, I shall have heaps and heaps to tell you. . . . We (Miss Hulme and Miss Kent) walked in the great suffrage procession here the end of last month, and also went to the suffrage meeting in Boston. The Suffragists are not in the least discouraged by their defeat, because their minority is so much larger. They are as cheerful and as hopeful as can be." We hear from another source that these plucky women



are already organising their new campaign, and that they have got together £40,000 to start it. That is tip-top news.

A "Supper" was given in honour of Miss Adelaide Nutting at the Cosmopolitan Club, New York, on November 17th, to which Miss Kent and Miss Hulme were invited. Of course, they found it a most interesting occasion, and they were delighted to note in what high esteem and affection Miss Nutting is held, and how greatly her constructive professional policy is valued by men as well as women. Miss Kent made an admirable speech, proving that we too on this side are inspired with professional zeal—a speech which was handsomely acknowledged. A meeting of the National Council of Trained Nurses will be held in London in January to welcome home the two delegates and to receive their reports.

The application on the part of women teachers for leave of absence for war nursing would be more patriotic if they did not usually demand that the amount of their full salaries should be made up to them. It means that as absolutely unskilled workers, presumably working as probationers, they are to be paid by the State salaries far in excess of thoroughly trained hospital Sisters! In our opinion this is a scandalous waste of public money which should at once be exposed and stopped. If teachers wish to leave the duties for which they are trained and paid by the State, they should also be made to leave their salaries, and accept the remuneration offered for unskilled probationers in military hospitals. These, in all conscience, are on an extravagant scale, especially when sent on duty abroad. Working abroad, these untrained women are costing the nation at the annual rate of £130 apiece. To meet such finance, trained nurses earning by very hard work anything over the same sum are to be heavily taxed. We need a few nursing economists in the War Office!

The Eighth Annual General Meeting of the Army and Navy Male Nurses' Co-operation was held on Tuesday last at 2, Cavendish Square, W., the Central Depot, Surgical Branch, Queen Mary's Needlework Guild. Her Royal Highness Princess Louise, Duchess of Argyll, was in the Chair.

The Annual Report was presented by Colonel Tooth (R.A.M.C., T.F.), and referred to the effects of the war on the Co-operation. Those men who were reservists had been called up for service, with a consequence that the Co-operation was depleted, and now had only 15 instead

of 40 nurses. As the Co-operation was largely maintained by the commission paid by its members, it has suffered seriously financially. Also in past years it had received financial help from the Admiralty and the War Office, but it had now been notified that unless it was on the verge of bankruptcy it must not expect this. That was not the case, as they had kept the flag flying in these lean years.

The Committee had received grateful testimony as to the character and conduct of the nurses. They only had one type of male nurse, the very best.

Sir Dyce Duckworth, who moved the adoption of the report, said that we lived in days of chastisement and depression, and the Committee were carrying on the work with a diminished service of nurses, but it was not in debt. Nursing taught and carried on without discipline was worse than useless. The men of the Co-operation had passed through the severe discipline of the Navy and Army. They had the pick of the basket, and the men were meeting a real need. The Co-operation did not advertise, and the Admiralty and War Office said they must not expect help unless bankruptcy stared them in the face. That was not the case. They were not going to allow Germany to close them up, but to carry on with British tenacity.

Lieut.-Colonel Wilson said that it had been stated that the departments concerned could not help them, but he had a cheque for £5 in his pocket, and he had no doubt there was more where that came from. There was no such training for male nurses as that given in the R.A.M.C. The men had three years' consecutive training, with examinations at the end of their first and second years.

Lieut.-Colonel Amour said that the Co-operation was still solvent. The receipts were £2,480 6s. 2d. for the year, and there was a balance in hand of £15 4s. 7d. Their only source of income was by letting rooms.

The meeting concluded with a vote of thanks to the Princess and the artists, and then a musical programme of an exceptionally high quality was enjoyed. M. Oumiroff sang some Russian songs divinely, and Miss Dorothy Manville's dancing and whistling were very clever.

Tea was afterwards served at small tables in the tea room.

#### HONOURS FOR WOMEN.

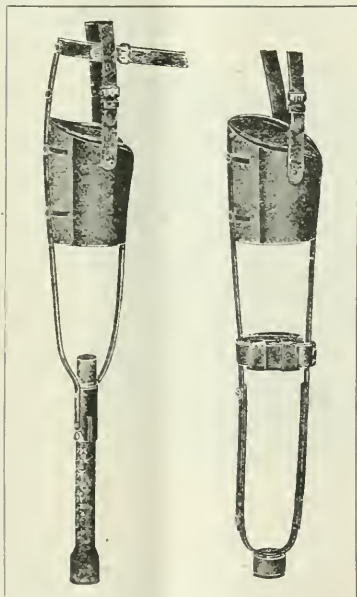
In the Place d'Armes, Versailles, Mlle. Emilienne Moreau, a girl of eighteen, was last Saturday decorated with the Croix de Guerre, before the troops of the garrison and the British

soldiers from the Trianon Hospital, for her courage, presence of mind, dignity before the enemy, and for her care of, and devotion to, French and British wounded during the battle which freed the town of Loos.

In pinning the cross on her breast, General de Saily said to her:—"I congratulate and admire you, young lady. You do honour to the women of France. You are a fine and inspiring example."

### PEG-LEGS.

From the *Modern Hospital* we present illustrations of two "peg-legs" intended for temporary wear after amputation of the leg or



PEG-LEGS.

thigh. The shafts are so arranged that they may be made to fit any sized thigh. By simply unscrewing and reversing the shaft with the outer steel bar the leg can be worn on the other side, therefore no rights or lefts are necessary. Inasmuch as the legs are also adjustable as to length, it is readily seen that these devices must be of great service in military hospitals. One would say, moreover, that a few of these peg-legs would not be out of place in a large general hospital, as the use of them would enable at least some of the patients to leave their beds sooner than otherwise, and would also prepare them for the future use of a proper artificial limb.

### HEARD IN THE DISTRICT.

#### FUNERAL REFLECTIONS.

"Yer see, Sister, aunt ain't got no near relations like, so I insured 'er. Course it stands ter reason I can't afford a grand funeral, don't it? I don't see as she 'as any call to grumble if she goes under the seat, do you?"

"Well, it was like this, nuss: there was the awfulest set out at that there funeral. Everyone thought as pore old Bill was married to Nance proper, but another woman turns up, and as she is 'is lawful wife, there was as yer may say, two widders and only one corpse."

"Yer may come along o' me, young Joe, to Shifty Sam's funeral; yer needn't cry, seeing he was no relation like, but mind yer look solemn yer young warmint, or I'll break yer neck."

Small Johnnie (reflectively: "Jones' bibby's dead, and it's lying on the table. I wonder where they'll 'ave their Sunday's dinner?")

### THE "WELLCOME" PHOTOGRAPHIC EXPOSURE RECORD AND DIARY, 1916.

This little volume, which many nurses look forward to as providing them with an acceptable Christmas gift for various friends, stands pre-eminent as a useful guide to the photographic art in its various phases. Three editions are published, for the Northern Hemisphere, the Southern Hemisphere, and the United States of America. It is published by Messrs. Burroughs Wellcome & Co., Snow Hill Buildings, London, E.C., and can be obtained from all photographic dealers and booksellers, price 1s. in the British Isles. A rich harvest of experience and expert skill is stored in this wonderful little volume; but the outstanding feature of the book is that it makes the practice of photography exceedingly simple. The illustrations, which are always a feature, this year include the meeting of H.M. King George V with the King of the Belgians in Flanders, and others of historic interest.

### "THE MEDICAL WHO'S WHO"

"The Medical Who's Who," formerly published by the London and Counties Press Association, will this year be published by the Fulton-Manders Publishing Co., of 75, Chancery Lane, W.C. This fifth edition will contain some 15,000 biographies, besides much additional information. The cost is 12s. 6d. net, or 9s. to subscribers in advance.

### PAX.

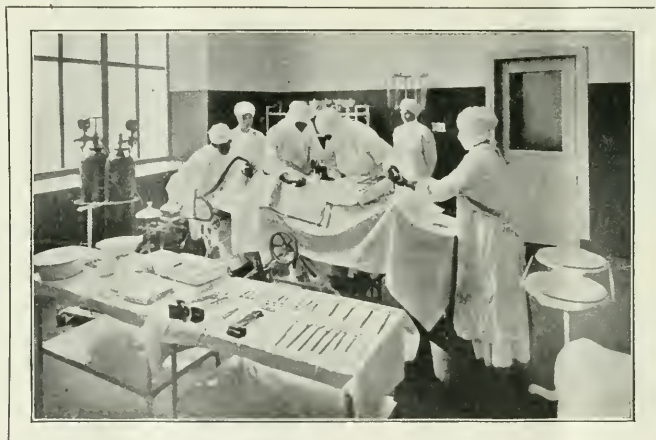
Among the trials of the trenches, and of nurses who receive patients direct therefrom, are the vermin which so often infest them. We therefore commend to the attention of our readers "Pax," supplied by C. Hand & Co., 12, Moor Lane, E.C., which it is claimed will render those who use it entirely free from pests of all kinds, while being perfectly harmless to human beings.

## OUR FOREIGN LETTER.

## XII.—ST. LUKE'S HOSPITAL, SAN FRANCISCO.

DEAR MADAM,—A very pleasant interlude to the business sessions of the Convention was provided for us one day by the kindness of Mrs. Monteagle, who is one of the prominent ladies of the city, besides being—I am quite sure—one of the busiest. To be taken by her for a drive in her beautiful car all round and about the city and through the lovely "Golden Gate Park," was an invitation not to be refused. Miss Maxwell, Miss Hulme and myself were the privileged guests. We saw San Francisco on that day as we could not have seen it in any other way. Our attention was drawn to every point of interest;

As the car drew up at the entrance to the hospital and I read this beautiful dedication in the porch, I knew then the secret of our hostess's devotion to and deep interest in the building. She may well be proud of her munificent gift, for it is the last word in comfort and modern and scientific equipment. It claims to be one of the most perfectly equipped hospitals on the Continent—and, having seen it and several others, I can readily believe it. The hospital has an interesting history, both ancient and modern. "St. Luke's was organized in 1871, under the auspices of the Episcopal Church, and began in a very small way in two private houses. A few years afterwards, it moved to buildings located on the present site of the Hospital." Although still under the auspices of the Episcopal Church, patients of all creeds are admitted and welcomed.



GREEN TILED OPERATING ROOM.

and we saw the city from every point of view—and, verily, it is beautiful. Among the many fine buildings and the dearest to the heart of Mrs. Monteagle—although she has not actually told me so!—is St. Luke's Hospital.

✠  
"To the Glory of God  
and

in Aid of Humanity  
this

St. Luke's Hospital is given  
in Loving Memory  
of

Calvin Paice Darius Ogden Mills

✠  
By his son and daughter,  
Lydia Paice Monteagle Ogden Mills,  
Elizabeth Mills Reid."

It would be impossible in a short account to do full justice to this well-nigh perfect hospital. It is a new building, about two years old, and no time, money nor pains have been spared to make it such as it is. It is evident that the donors consider nothing too good for the service of the sick. There is no colour scheme, because everything is white. White curtains to each bed, white tiles to the floor, white bedside tables, white doors, white walls, &c., giving a wonderfully fresh and clean appearance. The culinary department is as interesting as it is perfect. Besides a diet kitchen on each floor and a main kitchen, there is also a kitchen completely equipped for special diets, and this is presided over by a skilled dietician. There is also splendid equipment for keeping food hot after it has been cooked; and all food is, of course, served on daintily prepared trays. There are four operating rooms; one of them is

of special interest, the floor and the wainscoting—to a height of six feet—are of green tiles, also the linen used and the utensils (if I remember rightly) were of the same colour. This is to gratify the wishes of one of the surgeons, who finds the effect upon the eyes very pleasant; it has now become a favourite operating room with the other surgeons.

One of the special features of St. Luke's is the "Solarium," of which there are two on each floor, besides one in the maternity wing. It is obvious that in "sunny California," the greatest advantage should be taken of the sun's cheering and curative warmth. The private rooms of the hospital are on the upper floors; they are furnished with all the luxury and comfort of a first-class hotel. The suites consist of sitting-room, bedroom and bath room. I have observed that it is becoming a very general custom in the States, as well as in Canada, to abolish the old-fashioned movable wash-hand-stand with jug and basin, and replace it by the neat and simple fixed basin with hot and cold water taps. The custom has much to commend it; in the private rooms of hospitals it is always seen. Facilities for open-air treatment have been brought to a science at St. Luke's; besides the solariums, there are two roof gardens, glassed in on the west, as a protection from the prevailing west wind, and also overhead as a protection from rain. This is a feature of which the founders are justly proud. Last, but not least, there is a beautiful little chapel, Gothic in style—to be in harmony with the rest of the building; it has a perfect groined roof and a gallery approached from the second floor of the hospital, for the use of patients unable to be present in the chapel. Mrs. Monteague conducted us herself over this magnificent building, accompanied by Miss Brown (the Superintendent of Nurses). It was clear to us as we heard her make various enquiries, that it is her desire and intention that there should be nothing lacking which could contribute to the comforts of the patients and nurses and the well-being of the institution. This most interesting tour of inspection was an ample proof of Miss Brown's words to me, namely, that Mrs. Monteague was never happy unless she was doing a kindness to someone. St. Luke's is not a free hospital, but it is the wish of the generous founders that endowments should be established for the free treatment of poor patients—and, no doubt, this wish will materialize before long. The exigencies of time and space do not permit of a detailed account of the Nurses' Home, corresponding in comfort and equipment (having also its own roof garden), with the hospital, the first-rate X-ray department, &c. I should much like to speak of the "affiliation of clinics," the Post-Graduate Nursing Courses, and the following-up system. I must ask the readers to imagine the excellent work—preventive and curative—that these terms cover. The work of healing the sick is done at St. Luke's in the spirit of the Divine Master, who gave the command, and in whose honour it is dedicated.

BEATRICE KENT.

## BOOK OF THE WEEK.

### "GUY AND PAULINE."\*

The dedication of this volume is to Sir Ian Hamilton and the General Staff of the Mediterranean Expeditionary Force. 'It must not be surmised from this that the story is of a martial character, or indeed that it has any bearing whatever on the War. Far from it. The story is a story of Guy and Pauline—an idyll filling nearly four hundred pages, written in the author's best Meredithian manner. Clever, certainly, and its literary style—if rather affected—is still in the front rank. As a story it is distinctly disappointing, as we are kept on tenter-hooks for a *dénouement* which never arrives; and the close of the book finds Guy and Pauline no nearer the achievement of their desire than when—in the forefront of the book—they discovered their love one for the other. Guy and his friends, Michael and Maurice, will be familiar to those of our readers who read the two remarkable volumes of "Sinister Street."

Guy, by this time, has decided his vocation to be a poet, and has taken a fascinating cottage, and with an income of slender proportions and a housekeeper into the bargain, settled himself down to woo the muse. Perhaps all might have been well if, at the outset, he had not met Pauline and her sisters picking mushrooms by moonlight.

From that moment she obsessed him.

She was one of three pretty sisters, the daughters of the Rector of the parish, who was so immersed in the pleasures of his garden that he could rarely be brought down to the realisation of anything besides. Mrs. Gray, their mother, also was of an abstracted turn of mind, and voted everything "charming" in a delightfully vague way. She, however, placed many needless and tiresome restrictions on these ardent young lovers, with the result that they took their expeditions *sub rosa*, thus costing Pauline's sensitive conscience many pangs.

After much anxious study and misgiving, Guy decides that he has written enough for one small volume.

"This roused Pauline to the greatest excitement.

"'We'll drink the poet's health,' said the Rector.

"'Oh! Father, I must kiss you.'

"'Now, Pauline, you're sweeping your napkin on the floor.'

"'Oh! but Mother, I must kiss Francis for being so sweet.'"

It was always a source of vague annoyance to Mrs. Gray that her youngest daughter insisted on calling her father by his Christian name.

Guy dallies with work and love for a whole year, shutting his eyes to the practical side of life, and dreaming of the time when he should be

\* By Compton Mackenzie. (London: Martin Secker.)



famous and able to marry Pauline. But their love is rather of the sentimental than robust order, and has no sure basis. The climax came one night when he had persuaded her to go canoeing with him by moonlight. To the girl brought up in the simple childlike life in the country rectory, anything like deceit was naturally distasteful. Her lover's entreaties prevailed, and her overwrought nerves paid the price.

"Still Guy took her farther up the stream.

"O take me back," she cried."

A fit of hysteria caused her to throw herself into the river, from whence Guy rescued her.

Guy's failure as a poet, and, incidentally, his failure to pay his way, for the present puts all prospect of marriage out of the question, and Pauline wisely determines to put an end to their engagement.

He tells her that he no longer believes in his poems as they have outlived their date.

"Guy, could I outlive my date?"

"Dearest Pauline, I beg you not to start problems this afternoon; of course not."

"Are you sure? Are you sure that when you are in London, you won't find other girls more interesting than I am?"

"I must be free, if I'm going to be an artist."

"Free!" she echoed, slowly."

The whole book is somewhat fantastic, and seems to arrive nowhere, but there is an undeniable fascination in its atmosphere.

H. H.

### COMING EVENTS.

December 4th.—Irish Nurses' Association Executive Committee: Report from Delegates to National Council of Women Conference, 34, St. Stephen's Green, Dublin.

December 7th.—Royal Society of Medicine. Lecture on "Infant Care," arranged by the National Association for the Prevention of Infant Mortality. "Milk and Artificial Foods," by Dr. W. G. Savage, County M.O.H., Somersetshire, 3 p.m.

December 15th.—Central Midwives Board Examination, London and Liverpool. The Oral Examination follows in a few days.

December 16th and 17th.—Central Midwives Board. Penal cases. Caxton House, Westminster, S.W. 11 a.m.

### A WORD FOR THE WEEK.

"This, then, is yours, to build exultingly,  
High and more high, . . .  
That no man's mind, not conquer'd by his day,  
May sit above his fate,  
Inhabiting the purpose of the stars,  
And trade with his eternity."

—*Lancelles Abercrombie.*

Go to the ships where the salt winds whistle,  
Men of my land and sea;  
Bearers of rose, and shamrock, and thistle,  
Greet each other for me.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY way hold ourselves responsible for the opinions expressed by our correspondents.*

### THE GIST OF THE WHOLE MATTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—This correspondence is an exceedingly painful one, and, to my thinking, should never have been opened, far less associated with the name of Miss Edith Cavell.

It is difficult to follow the workings of the minds of those who advocate that nurses should take the laws of humanity into their own hands and mould them into the spirit of revenge which is in its turn the gospel of hate.

When the proper time comes it will be for the British Government along with the Allies, to inflict full and severe punishment for crime.

If British nurses were to refuse to nurse German officers, lives would almost certainly be lost. To the end of her days the nurse who deliberately refuses to help to save the life of a fellow mortal will hear the old question ringing in her ears, "What hast thou done?"

"Whosoever hateh his brother is a murderer." That is the gist of the whole matter.

I am, yours faithfully,

Bay View,

Johnshaven.

E. A. STEVENSON.

DEAR MADAM,—May I say how entirely I agree with Miss Mollett and "E. C. Evans." A nurse's duty is to nurse the sick, and in war no sick man can be a nurse's enemy. Of course, as far as possible, each nation and allied nations should care for their own sick and wounded. I nursed German prisoners in France, and found the majority grateful; the fact that they were prisoners and helpless commended them the more to one's chivalry—and one had the satisfaction of knowing that when well they would not be free to injure our own men. Several Sisters felt strongly the other way.

Yours truly,

AN ORDINARY NURSE.

DEAR MADAM,—If a German was really ill and suffering I could care for him with a free conscience; but all I had to do for Germans in Brussels was to wash and tend their feet. That is not British women's work, and I should refuse to help to put these enemies on their legs again, if asked to do so, under the same circumstances. We can carry altruism too far.

Yours faithfully,

A BRITISH NURSE.

DEAR MADAM,—I can quite imagine that my statement would be both painful and repugnant to Miss Mollett.

As she has misconstrued my meaning may I

relate the case of the German who bit the fingers of the nurse, saying, "Don't touch me our army and nurses will soon be here." If the reverent kissing of hands and the brutal biting of fingers is not indicative of the spirit of men then are we savages, for even a dog shows his gratitude with a lick. Surely then, our men who are giving their precious lives in our defence have the right to protest against their women (as many French men have done) nursing the Germans, leaving them to male nurses. Why should it be a hardship? Mr. Yearsley is only corroborating the opinion of other doctors, of clergy and priests. It is not long since a surgeon wrote to the *Morning Post*: "Ye Gods, how are we to make the people at home understand what is actually going on in France—mutilated children, old men and women bruised, burnt and beaten; young women with their breasts cut off. . . ."

What woman, let alone a nurse, would turn away from a wounded German, but she does not pick him up on the battlefield—the doctor and orderly do; they alone should continue their treatment to the wounded enemy, who has given them moral wounds which can never be forgotten. Is there no such thing as "righteous wrath?" If the Germans think that their savagery to the women of the invaded parts of France and Belgium will be forgotten, the statues erected in memory of Edith Cavell, the untouched crucifixes of the village churches which lie in a heap, the ruins of Louvain and of Rheims which were destroyed with frigid, cold calculation, will still remind the world of their cruel deeds and bring down their fame in the history of the world to their everlasting shame. "As ye sow, so shall ye reap."

Yours faithfully,

G. R. WORTABET.

Woodberry,  
Hindhead.

#### PROTECTION OF OUR PROFESSIONAL CLOTH.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The Nursing profession has indeed received another "snob in the eye" as my Yorkshire boys would say. For years we worked like slaves in hospitals and infirmaries, in districts and elsewhere—raising nursing from disorganized drudgery to a highly skilled profession and working it up to one of the greatest assets the nation possesses, and we have received nothing but neglect and discouragement from the Government and the public. When I think of what I cheerfully endured during my three years' training, the long hours, bad food, weariness of the flesh, not to mention flattened feet and loss of good teeth from hospital air; how the whole time I denied myself rest, holidays, really warm clothes, and that all this self-denial was taken as a matter of course by the hospital committee and the charitable subscribers; you can imagine my feelings when I read in the daily press that the Government in time of war had had time to patent the

V.A.D. uniform, and thus protect, recognise, and give honourable status to these well-meaning women, who have given a few hours' work daily in comfortable little hospitals looking after sick and wounded soldiers, or in well-organized military hospitals—a delightful change for the majority from their dull and narrow existences.

What appears to me so unjust is that any abortionist, and may be murderers, any prostitute and white slave trafficker, can and does wear my uniform if she chooses, either in the dock, or in the brothel. And who cares? We are only *working women*. The one aim of the purely masculine Government is apparently to keep us *cheap*, disorganized, helpless, and poor. When the *Times* begins to realise that trained nurses have been unjustly treated by the whole community we must indeed be in a parlous state. You see I am writing this letter when I am red hot, but I mean every word of it.

Yours gratefully,

MARION G. MORRIS.

London.

#### REPLIES TO CORRESPONDENTS.

*Miss P. (Bromsgrove).*—There seems at present to be an ample supply of applicants for vacancies as probationers in the principal hospitals, and we are not surprised that you will have to wait for some time to get into the School you mention. But the training there is excellent, and we should strongly advise you to do so. There are many ways in which you can usefully fill up the waiting time. For instance, by taking a course of domestic hygiene and sick-room cookery.

*Miss E. James (London).*—The National Council of Trained Nurses is composed of leagues and societies of self-governing nurses, not of individuals. Why not endeavour to secure the formation of a league in connection with your own training school, through which you would be eligible for affiliation? If you are a member of the Society for the State Registration of Trained Nurses, as every nurse should be, that is one of the affiliated societies.

*Pupil Midwife.*—You should explain your difficulties to the teacher who is preparing you for your examination. A teacher will always be glad to make things plain to a pupil, providing she asks for information at a suitable moment.

*Sister Plummer (Bristol).*—The address of the Society for the State Registration of Trained Nurses is 431, Oxford Street, W. The Hon. Secretary will be glad to furnish you with any information required.

#### OUR PRIZE COMPETITIONS.

*December 11th.*—What care would you give mother and child for first five days after birth?

*December 18th.*—What is meant by (a) public hygiene; (b) personal hygiene; (c) mental hygiene; (d) sanitation?

*December 25th.*—(a) Name three diseases requiring special diet; (b) give proper menu for a meal for each disease.

# The Midwife.

## THE PSYCHIC PRINCIPLE IN NURSING INFANTS.\*

By JANE ELINOR LESTER, R.N., New York, N.Y.

IN a recent paper by Dr. Zahorsky on Problems of the Foundling Home, he asks, Why do babies in asylums develop so slowly and imperfectly in spite of a very plentiful supply of food? We all know that there are some mothers or nurses who have a wonderful influence on the growth of a child. There are others who lack this innate faculty. In the past few years great progress has been made in caring for infants in asylums and hospitals, but, to quote Schlössman: "This is the astonishing and obscure thing, why in the hospital we cannot succeed with such a minimum of care as in the private homes." The psychic theory is very much favoured by some, and Birk in a recent article says: "It is not a question only of individual care and of some one paying especial attention to the child, but the nursing must be of such character as to produce an inner satisfaction." He emphasizes the spiritual contact between child and nurse. Freund admits that the home environment stimulates nutrition and growth in some way. Most of us are ready to admit that some psychic influence is present which causes disturbances in nutrition in particular. If this is true how very essential it is that a nurse caring for children should have sympathy and be able to tell when a baby is hungry, or in pain, or merely uncomfortable. I am convinced that this branch of nursing is very important and that in order to obtain the best results the mother or nurse must love children. We are glad to note that the idea that a woman who has reared one or more infants at home can properly care for an asylum is preposterous and is no longer tolerated.

There are two motives which, knowingly or not, rule the life of every one. The first is egoistic. Over against this is the altruistic motive. A nurse is bound to adjust her life between the ideals of egoism and altruism. Reasonable service for others is indispensable that we may truly serve ourselves. Each nurse when she enters private or institutional practice in a certain sense is going into business. She has something to sell. She looks for a market. If you would succeed financially you take your pay. But the pay in mere dollars is not altogether gratifying. You must give of your soul. Whether in literature, art, or nursing, if you do not get into "the soul of things," you miss the object of real vital importance. With her knowledge of the nature and cause of disease acquired while in training, a nurse is able to see plainly the far reaching

results of her profession and thus ought to be able to do some social welfare work by instruction and example in the prevention of disease. We know that disease is never wholly an individual matter. Some diseases are predominantly social. Consequently her relation as nurse must involve a relation to the whole social body. She ceases to be a mere seller of merchandise and becomes a servant of the people. Society already places explicit duties on her and by implication requires many more. Her highest aim should be to lead society in the great movement of eliminating disease and in this nurses become real captains of health. This means a broad responsibility and a more dignified station. Nurses like doctors ought to be active leaders of public sentiment. Most of them endorse the many health movements although they feel that in so doing it means a diminution in their business. Every conscientious nurse practises those methods of routine in her professional work which are calculated in a measure to limit the spread of disease. Through our associations we carry on an active and valuable campaign of education and assist in every form of social uplift. It is true that the medical profession may justly claim the credit of many important accomplishments in sanitation and public hygiene. While we admit that the foregoing statements are true, it is equally true that a sick child may receive very careful skilful nursing through a severe illness and yet when it recovers be left in an environment which is not conducive to growth and development. It is not enough that nurses should be well trained in asepsis, or that the nurse who feeds the babies should not handle anything but the bottles. It is of course essential that the baby's milk, including the bottles, should be clean, but after all, the actual formula of milk modification and cleanliness is only of secondary importance if the environment is such that the child has not that "inner satisfaction." For those children who must necessarily remain in an institution or asylum much can be accomplished by the nurse. Even foundlings may make good citizens. Much has been accomplished in recent years by public lectures on pre-natal care and by organisations for the prevention of infant mortality, and also for the prevention of blindness, but why not have an organization whose purpose it is to investigate the environment existing in public institutions for our sick children? Many nurses have undoubtedly observed in hospitals, and also in private practice, that procedure by which a patient at large expense of money and effort is brought to a condition of health and is then turned back to the environment which was the real cause of disease. While this is to be regretted in the case of an adult who may be able, in some cases, to modify his environment, change his employment,

\* From *The American Journal of Nursing*.

or his habits of living, it becomes an actual social crime when the patient is a little child who can in no way change its environment.

It has been observed that babies in an asylum never laugh, or even cry, except when in severe pain. Every child should be stimulated to exercise and made to laugh. We realise that when a mother is separated from her child she undergoes great mental anguish and it is quite reasonable to suppose that the child also suffers when separated from its mother. Let each nurse remember this fact and do all she can to fill the mother's place. Let every nurse consider the social background of her patients and be a real force in all that tends to brighten the life of every child. Pull your oar joyfully in that "teamwork of nurse, educator and social worker" whose object is "the care of the people in trouble." Surely the homeless child left in an institution without the mother's care is in trouble. Make that home in the meanwhile the "House of Love" for that child.

### MATERNAL MORTALITY IN CONNECTION WITH CHILDBIRTH.\*

In a most interesting supplement to his report for 1914-1915, Dr. Arthur Newsholme, Medical Officer of the Local Government Board, discusses the question of Maternity Mortality in connection with Childbirth, and gives a vast amount of information on the subject. The report is intended to draw attention to the unnecessary mortality from child-bearing, to stimulate further local enquiry on the subject, and to encourage measures which will make the occurrence of illness and disability due to child-bearing a much rarer event than at present.

Dr. Newsholme in his introduction points out that the war has increased the importance of work directed to secure the welfare of mothers and their infants, and that the continuance, under war conditions, of the Imperial Grants for maternity and child welfare work decided upon before the war, indicates further the importance attached to this work, which has been recognized by other combatant nations. The following French Announcement (*Revue d'Hygiène*) illustrates this:—

#### OFFICE CENTRAL D'ASSISTANCE MATERNELLE ET INFANTILE.

DANS LE GOUVERNEMENT MILITAIRE DE PARIS.

*Pours les Mères et Enfants du premier âge.  
Parisiens,*

Les Pères sont à la Frontière,  
Défendons les Mères et les petits Enfants ;  
A leur Aide—et Vite—

L'Office Central, fondé sous le haut patronage de Mme. Raymond Poincaré et la présidence d'honneur de Mme. la générale Michel, accepte

\* Supplement to Report of Medical Officer of Health, L.G.B., 1914-1915. Wyman & Sons, Ltd., Fetter Lane, E.C.

avec reconnaissance tous les concours, tous les dévouements et tous les dons.

Sauvons nos Bébés.

Les dons de toute nature sont reçus au Siège social, 64 bis, rue du Rocher, de 9 heures à 11 heures et de 2 heures à 5 heures.

Vu: Le Préfet de la Seine,

M. DELANNEY.

Général MICHEL.

### UNQUALIFIED PRACTICE.

The *Times* reports that at Bow Street Police Court on November 22nd, Mrs. J. E. M. Walter, of Defoe Road, Tooting, was fined £40 with 10 guineas costs for attending women in childbirth otherwise than under the direction of a qualified medical practitioner, she not being certified in pursuance of the Midwives Act, and for failing to give notice to the county council that she had undertaken for reward the maintenance of a child under the age of seven. It was further reported that there was no doubt that the defendant had been carrying on a baby farm, and that the infants were sent away when they were only a few days old and farmed out to a confederate, to whom the defendant paid a small sum.

### THE MIDWIVES (SCOTLAND) BILL.

The Bill to secure the better training of midwives in Scotland, and to regulate their practice, passed its second reading in the House of Commons on November 25th.

It is provided that the Central Midwives Board for Scotland shall be composed of: (1) Three persons to be appointed by the Lord President of the Council, two of whom are to be certified midwives practising in Scotland; (2) Four persons to be appointed, one by the Association of County Councils for Scotland, one by the Convention of the Royal Burghs of Scotland, one by the Scottish Branch of the Queen Victoria Jubilee Institute for Nurses, and one by the Society of Medical Officers of Health of Scotland; (3) Five registered medical practitioners, three appointed by medical corporations, and two by the Scottish Committee of the British Medical Association.

Provisions of interest are that the Board or the Local Supervising Authority may, if they think fit, pay a midwife who has been suspended such reasonable compensation for loss of practice as under the circumstances may seem just.

That the Board may pay all or any part of the expenses incurred by any midwife required to appear before them in her own defence.

That the Board where it decides upon the removal from the Roll of the name of any midwife may, in addition, prohibit her from attending women in childbirth in any other capacity.

That when in a case of emergency, as defined by the rules, a midwife calls in to her assistance a registered medical practitioner, a sufficient fee shall be paid to him by the Local Supervising Authority.



## AN INTERESTING CASE.

Dr. Percival White reports in the *Lancet* an interesting case of labour complicated by eclampsia and glycosuria, and delivery by Caesarian section. The patient was a primigravida, aged 24, whose pregnancy was complicated by an attack of appendicitis, and an operation was performed as soon as the quiescent stage was reached. The pregnancy commenced in February 1912, in October, 27 grs. to the ounce of sugar were discovered in the urine. The pelvic measurements being small, and a conical cervix present, Dr. John Phillips, who saw the patient in consultation took measures to induce labour. At 3 a.m. the next day the patient had an attack of eclampsia followed by two others. At 5.30 a.m. Caesarian section was performed, and a healthy male infant, weighing 6 lbs., was delivered.

At the time of the operation the urine drawn off contained a trace of albumen, and a slight amount of sugar. Later in the morning the patient had a recurrence of the fits, six taking place within 12 hours. Between the convulsions she was comatose. The following day the fits returned and the face and neck gradually became more oedematous. A drop of croton oil was administered in the morning which resulted in six large motions during the evening and night. Four days after the onset the patient showed signs of returning consciousness. After this she gradually improved until five days later the mind was apparently normal, except for loss of memory of events for the preceding month, although, for a time, the amount of sugar in the urine increased. Since that date the patient has been kept under continuous observation and treatment, and it is an interesting point that if she has one on two carbohydrate-free days a week, with a modified diet on other days, the urine can be kept sugar-free, unless she is subjected to very severe mental strain when the sugar may rise for a day or two to 7 grs. per ounce, and a considerable trace of diacetic acid be found.

In commenting on the case Dr. John Phillips remarks that diabetes may be considered one of the rare disorders complicating pregnancy in which the nervous system and the assimilative process are both affected. Cases of puerperal eclampsia requiring Caesarian section are not uncommon, but the additional complication of marked glycosuria may be described as very rare. The Caesarian section was carried out in consequence of the urgency of the symptoms and the impossibility of delivery through the long conical cervix. The question of operation was discussed with much anxiety. The result of the case has seemed to modify the general idea that surgical interference in diabetes is rarely successful and often fatal; it moreover invalidates the statement that owing to the almost universal death of the foetus in pregnancy diabetes the mother's life alone should be considered.

## INFECTIOUS DISEASES.

The ninth lecture under the auspices of the National Association for the Prevention of Infant Mortality was given by Dr. John Rolleston, M.A., M.D., Medical Superintendent of the Fever Hospital, Tooting, the subject being: "Infectious Diseases."

The lecturer said he proposed to deal with infection in general, and the means whereby it took place. He then proceeded to give a short description of the various bacteria.

He said a number of the infective bacteria were not as yet discovered—i.e., scarlet fever and measles, and chicken pox. In passing he alluded to the attempt to discriminate between scarlet fever and scarlatina, and pointed out that the latter was merely the scientific name for the disease. Among the various sources of infection he named the "carrier," to whom no doubt many an outbreak owed its origin. The spread of disease by insects, such as typhus by lice, plague by mosquitos, and in our own country typhoid by the common house fly. This insect he said was described by Sir James Crichton Brown as a "pestiferous, audacious little black devil." The house fly was sick incredibly often, and it would be well to remember that when it was seen crawling over food. The old distinction of contagious and infectious diseases no longer existed, all were infectious, but only those contagious that were transmitted by direct contact. It might seem a truism when he said that all diseases breed true, but he would remind his audience that not until the seventeenth century was a distinction between scarlet fever and measles recognised, and that between typhus and typhoid only in 1840; very few were now left of the old-fashioned who did not recognise German measles as distinctive.

Some terrible examples of hæmorrhagic small-pox were also shown on the screen. This form of the disease said Dr. Rolleston was always fatal. He pointed out how especially liable soldiers in camp were to infection, and said that small-pox and typhoid were the only two infectious diseases that could be successfully dealt with by inoculation. Anti-vaccinationists were especially dangerous at this time, and ought to be interned till the end of the war.

He threw on the screen a picture of Lady Mary Wortley Montague, and gave a very interesting and amusing extract from her life, in which she described the inoculation against small-pox by the old women whose trade it was: "A number of persons would assemble together, and the old woman would insert, by means of a needle in a vein, the very best 'sort of small pox venom.'" Among the Greeks this was carried out in the form of a Cross on the forehead, the two arms, and the breast, but as the suppuration produced a scar this custom died out.

Speaking of ringworm, Dr. Rolleston said that in the adult it was so rare that when it occurred, cases were shown at Medical Society lectures.

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### ACCIDENTS.

There are two forms of accident specially apt to occur at this season of the year to which it is well to draw attention. Matrons of hospitals and infirmaries will do well to impress upon all members of their nursing staffs the importance of care, and, we may add common sense, in the avoidance of both these dangers. The first is danger from fire, and the second from skating accidents in the event of frost.

Wherever a number of people are congregated adequate provision should be made for their protection in the event of an outbreak of fire, this is especially the case in hospitals and institutions for the sick, where many of the patients are helpless. The risks are undoubtedly increased at Christmas time, when lighted trees, Chinese lanterns, tissue paper, and cotton wool, are frequently used for decorations, though, in our view, so grave is the risk that no inflammable materials should be introduced into a ward, and it is very desirable that Christmas trees, if permitted—and they give an intense amount of pleasure—should whenever possible be lighted by electricity.

This year the word of caution is specially needful, as so many temporary buildings are just now in use, composed largely of wood, and, though use is apt to make those working in such institutions minimise the risk, yet vigilance should never be relaxed.

The British Fire Prevention Committee, 8, Waterloo Place, Pall Mall, S.W., have been well advised therefore to issue a special Christmas "Fire Warning" which is printed as a leaflet in red, and issued free for the use of the public on written application, provided money for postage is enclosed. This points out that fires at holiday time usually occur in buildings filled with people, and may become holocausts, that light in-

flammable decorations make fires easy to start, and facilitate their spreading, that an unguarded match, a candle flame, a gas-light, an electric spark, or defective wiring, may cause a conflagration.

Nurses will do well to note that all dry evergreens are easily ignited especially fir, and those which contain resin; that Christmas trees should not be placed near window curtains, or in positions in which a draught may cause inflammable draperies to be blown on to the lights, that bent candles drop down and set things alight; that paper lanterns, when used, should be hung on wire, and that a swinging Chinese lantern easily catches fire, that cotton wool is highly inflammable, and that asbestos fibre or slag wool are good substitutes, that celluloid is highly inflammable and should not be used for decorative purposes, that matches should not be left within the reach of children, that no change, even the slightest should be made in electric wiring without consulting a competent electrician, that in playing "Snap Dragon" the players should be warned not to shake lighted spirit near inflammable clothing, and they should also remove such accessories as celluloid bangles, beads and hair ornaments.

The second danger to which we have referred is that incurred by skaters, who venture on ice which is too thin, or, in too great numbers on ice which only bears a moderate weight.

Innocent fun and mirth may in this way be quickly turned to tragedy.

We therefore urge nurses in whose hands rests the responsibility of the care of their patients' lives, in arranging Christmas festivities to avoid all possible risks in the directions we have indicated. There are numerous ways in which great enjoyment can be given without increasing the risks from fire, while those responsible for the care of others should err on the side of caution in venturing on to ice with them.

## OUR PRIZE COMPETITION.

### WHAT CARE WOULD YOU GIVE MOTHER AND CHILD FOR FIRST FIVE DAYS AFTER BIRTH?

We have pleasure in awarding the prize this week to Miss S. Simpson, Niederwald Road, Sydenham, S.E.

#### PRIZE PAPER.

The great essentials of the management of the puerperium are rest and cleanliness, in attention to which the secret of success chiefly lies. The nurse should sleep within call of the patient, in an adjoining room; give no medicine without instructions, and tell the doctor at once if there is anything abnormal, but must never alarm the patient. The room should be kept well ventilated, and not kept too warm, a temperature of 60° F. to 65° F. being ample. The vulva and surrounding skin must be kept cleansed with lysol, soap, and water four or five times in the twenty-four hours, or oftener. The skin must always be cleansed after a motion or passing urine. Absorbent pads should be placed on the vulva to receive the lochia, and changed as often as is necessary. During the first two days a fresh pad will be required every two or three hours, while later on three or four pads in the day will be sufficient. Soiled linen should be at once removed from the room. The patient should be washed and made comfortable morning and evening from the first, and sponged all over on and after the third day, only a small portion of the body being done at a time. The temperature and pulse should be taken night and morning.

The temperature, if above 100° F., should at once arouse suspicion, especially if associated with a quick pulse. The pulse is a useful indication of the patient's condition.

The diet cannot be laid down in definite form, as it must be regulated very much according to the patient's wish, liquid form usually sufficing for the first two days. If the bowels do not act spontaneously within forty-eight hours, a purge should be given. Attention to the voidance of urine is very essential, special care being taken that this takes place within eight hours of delivery, and every eight hours subsequently.

The lochia should be almost pure blood for the first two days, becoming gradually paler; there should be no fetid odour at any time during the puerperium. In addition to her night's rest, the patient should sleep for an hour or two every afternoon. There should be no tenderness or pressure over the uterus. The uterus is pushed up by a full bladder or rectum. Breasts should be carefully attended to. The

nipples should be cleansed with boracic acid solution before and after each application of the child to the breast.

The child's eyes and eyelids should be bathed regularly with warm boracic acid solution. He should be bathed once a day; temperature of bath not lower than 97° F. or higher than 100° F. A bath thermometer should always be used. The skin should be dried with a soft warm towel by dabbing, not rubbing. The cord should be dried carefully and well powdered with boracic acid, especially where it joins the umbilicus, and wrapped in a square of sterilized linen, gauze, or boracic lint. If it is not kept clean and dry it may smell offensively, and leave an unhealthy ulcer when it separates. For the first two days the child passes meconium, a thick, dark green fluid resembling poppy juice. It is well to grease the buttocks with olive oil or a little vaseline, as the meconium is sometimes rather difficult to remove. If the buttocks are oiled the meconium comes off easily, and chafing is avoided. After the second day the infant's stools become semi-solid. Three or four motions should be passed in the twenty-four hours. Urine should be passed many times during the day. Nappkins should be changed frequently, or the skin of the buttocks will become excoriated. The child should be allowed to lie peacefully in its cot, except when it is being fed, washed, and dressed. The infant usually loses two or three ounces in weight during the first two days, as it is passing water and meconium, and getting little nourishment. By the end of the first week, however, the weight ought to be as much, or a little more, than it was at birth.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine, Miss Mina Bielby, Miss Lucy C. Cooper, Mrs. M. Mackenzie, Miss H. M. Springbett, Miss J. Hutchison, Miss P. Walters.

Miss Springbett writes that the uterus should be treated as an open wound.

The patient should be sponged all over every day and kept thoroughly clean.

The suggestion that a douche of 1 in 5,000 perchloride of mercury should be given daily is open to question. In the first place, the routine douche in normal cases is now seldom given; and, secondly, nothing below 1 in 4,000 is a germicide.

#### QUESTION FOR NEXT WEEK.

What is meant by (a) public hygiene, (b) personal hygiene, (c) mental hygiene, (d) sanitation?

## TYPHUS IN SERBIA.

Mr. B. Whitechurch Howell, F.R.C.S., of the Hôpital Temporaire D'Arc-en-Barrois (Haute Marne), France, writes in the *British Medical Journal*:—

As a sequel to Dr. Maitland's notes on the epidemic in Uskub, reported in the *British Medical Journal* of August 21st, the following observations, gleaned from a much more limited experience of the disease at Vrnjatchka Banja, may be of interest.

### ADMISSION OF PATIENTS.

It was found essential that the hair of the head and pubic region should be cut short (and in some cases shaved), and then treated with paraffin oil or unguentum hydrargyri. Even then fresh broods of lice made their appearance. The patients were washed in bed, being in various stages of collapse. At the time I was in Vrnjatchka Banja the typhus barracks had no bathroom accommodation.

### THE DISEASE.

The majority of patients were Austrians, and, as Professor Morrison pointed out recently, the mortality amongst them was noticeably greater than among the Serbs, owing probably to their being prisoners, of poor physique, and not accustomed, like the Serbians, to live on "pork and beans."

I thought on the whole that the more intense the rash, the graver the prognosis—generally the malignant type of case. I noticed also that the rash appeared fairly commonly on the palms of the hands—a fact not often alluded to in the textbooks—generally in the form of faint discrete macules. It seemed to bear no relation to the gravity of the disease.

As a rule, the fever fell by lysis, as Dr. Maitland remarked, with, occasionally, "kicks" on the temperature chart; this is contrary to the usual teaching. Some of us thought that the pulse was slowed out of proportion to the temperature. Although I noticed this from time to time, it did not seem to be a general rule.

The initial symptoms may be like influenza, as in the case of two of our nurses who contracted the disease; they had aches and pains all over, frontal headache, and pain behind the eyes. The drunken look about the eyes is very characteristic; hence the diagnosis could often be fairly safely made before the appearance of the rash.

When we first took over the fever *Baraques* pulmonary complications were common, several of the cases dying of a rapid form of broncho-

pneumonia. Later, as the difficulties in nursing were surmounted, the infections of the lung and parotid gland became less and less frequent. It seemed to me at one time as if the typhus-pneumonia were contagious, as I had side by side, not in the same stage of the fever, three cases in whom the lungs were simultaneously affected.

Deafness was frequently present, and one nurse suffered from it for a long time after she returned to work.

I had only one case of melanuria, in a nurse well over 40; this occurred about the twelfth day, and caused some anxiety, especially as the liver was much enlarged. She rallied, however, and about the sixteenth day it had completely disappeared, and the temperature and pulse were normal.

I saw one case of hemiplegia in the sister of a Serbian general; it came on suddenly during the disease, and lasted some days. The patient recovered from the typhus and from the hemiplegia.

### TREATMENT.

This varied in detail only; in general it was, of course, stimulating. As Dr. Maitland states, the Serbians were not in favour of alcohol; we, on the other hand, used it a good deal in  $\frac{1}{2}$  oz. doses, increasing it steadily as the pulse got weaker, especially about the eighth to twelfth day. The most critical period was during and after the lysis.

Digitalis was given by the mouth and hypodermically—we had no digitalin—by the mouth in 20 to 40 minim doses every four hours; subcutaneously in 10 to 20 minim doses. Strychnine also was given hypodermically. I sometimes prescribed ether in 10 to 20 minim doses subcutaneously in very severe cases, generally alternating with strychnine. The ether injection sometimes gave rise to local necrosis of the skin, but this was of small moment, as I am sure the patient occasionally rallied as the result when all else had failed.

### TYPHUS FEVER AND LICE.

Dr. James W. Allan, in a letter in the professional press, on typhus fever and lice, writes that he is decidedly of opinion that it would not be wise for anyone to regard lice as the only source of danger, and that "if a person, unprotected by a previous attack of typhus, exposes himself by remaining for some time near a typhus patient in a close, stuffy, unventilated room, I believe that he runs a risk of contracting the disease although there are no lice present."

He notes that Major Davy and Captain Brown, in their very interesting paper in the



*British Medical Journal* on November 20th, write:—"We found evidence that the infective agent resides in the body for at least three weeks after defervescence. Fresh outbreaks occurred when patients were returned to their companies after the three weeks' period, though they and their clothes were disinfected and were presumably lice-free."

Dr. Allan adds:—"Many years ago I had a considerable experience of typhus while Physician-Superintendent of Belvidere Fever Hospital, Glasgow, and I feel it to be my duty to give this word of warning."

"While not denying that the infection may be carried by lice, and agreeing that every means should be employed to get rid of them, I have faith in cubic space and a free circulation of fresh air as prophylactics in the case of typhus fever."

### NURSING AND THE WAR.

Miss Elizabeth Curtis has resigned the position of Matron to the Urgency Cases Hospital, which, under her superintendence, has done excellent work at Bar-le-Duc and more recently at Revigny, close to the fighting line in France. We hear she was in Paris last week inspecting some of the ambulances.

The *Times* reports from Amsterdam, December 3rd, that—

"The Dutch Red Cross sisters, who have just arrived from Serbia, give lurid accounts of the German entry into Kraguevatz. They returned because they were informed by the Germans that they were not needed."

"After the departure of the English sisters the Dutch sisters remained and hoisted the Netherlands flag over the Red Cross. It was fired on, however, and a messenger was dispatched to demand its removal. The sisters experienced many hardships and dangers during the German entry into the town, and the two days' fighting that accompanied it. Eventually high German officers came to speak with them, asking many questions, and informing them that 'little Holland would no longer exist after the war.'"

"The officers asked had not this war most clearly proved that the independence of small States belonged to the category of impossibilities. One sister calmly replied, 'Holland still exists. Should it ever cease to exist I shall go to France.'"

"An officer wearing many decorations laughed and replied, 'France! After the war France will no longer be an independent State.' The sisters stated that everyone agreed that dum-dum bullets had been used against the Serbians. That was evident from their wounds. The Germans quickly monopolized all supplies and so caused

terrible suffering among the Serbian wounded, who died like flies. One sister said:—

"You cannot imagine the appearance presented by a transport of slightly wounded prisoners such as I have several times seen enter Kraguevatz. They bore on the forehead a large cross painted with tincture of iodine and on the cheek a cross made by nitrate of silver. They were branded like beasts destined for the slaughter-house. Of one transport load of slightly wounded men 14 were shot dead because they were unable to drag themselves along quickly enough. One patient, whose skull had been fractured by gunshot, was unable to keep up with the other wounded and he was repeatedly urged on by a bayonet being stuck into his body, which was covered with red, bleeding wounds."

A Paris correspondent writes in the *Times* on the "Duty of Neatness" in nurses. We thoroughly agree with much that this writer says:—"The English nurse," she writes, "can look, and very often does look, the neatest and trimmest of ministering angels; but she can also look very much the reverse, and there are some uniforms to-day to be seen about the streets of Paris which are neither neat nor trim. It is not so much the fault of the uniform as the way in which it is worn, and although some women may say that dress does not matter, our English traditions and the French instinct demand that attention should be paid to the appearance of all those who serve the country publicly."

"Our soldiers shave and black their boots under most difficult conditions. They brush their uniforms and clean their buttons as regularly as they clean their rifles. Therefore, it is natural that a nurse should observe the law of neatness and trimness as faithfully. A down-at-heel shoe, badly-dressed hair, a waistband that is not tidy, a slouching walk are fit subjects for a matron's admonition, and the neater a British nurse looks when she is serving in a foreign land the more, she may be sure, will the prestige of her countrywomen go up. The importance of appearance is not to be denied, and that it is not a superficial point of view may be accepted; for a neat person so often means a mind tuned to order, method, and pleasant ways."

"The little bonnet and veil are capable of pretty treatment, and always look neat, but the wide-awake felt hat is another matter. It suits a bonny girl of 20, but any other woman, especially when she is weary with long hours of hard work, looks quite her worst in it. French people often remark on this hat, and regard it as one of our limitations. Very few Englishwomen have a talent for wearing hats, even the prettiest, whereas the plainest Frenchwoman knows how to make herself attractive with any sort of a hat."

"A more serious matter is the shoe, and here the Englishwoman is no more guilty than the

Frenchwoman. A low heel should be the regulation one, for, apart from the danger of wearing high heels at all, they are very unpractical, and given to wearing on one side. To meet a Red Cross nurse in France wearing white silk stockings and high-heeled white shoes, shocks one's sense of propriety, just as to meet an English nurse with an untidy head, a waist 'faintly indicated by her apron string,' and ankles thickened by wrinkled stockings offends one's sense of patriotism."

The portrait of Sister Vivien Tremaine, a Canadian Sister, one of the two nurses who had the honour of attending the King when he met with his accident, will be received with widespread interest. She was formerly on the staff of the General Hospital, Montreal, and has for some months been in charge of the Canadian Casualty Clearing Hospital in France.

#### LETTERS FROM THE FRONT.

A nurse in France writes: "I am getting used to life on a barge, quite a nice change really. I am not allowed to say where I am, but we go up and down the canal bringing wounded from the front to the base hospitals. We only take the worst cases, heads, chests, and bad compound fractured femurs, as this mode of transit is so much easier for the patients than a train or ambulance. The guns are booming not far away from us, whilst we are waiting to fill up, and aerial fights take place every fine evening.

"Our men are so plucky. They go on and on in spite of bombs whizzing round them in every direction.

"The weather is very good just now, and all the small farmers working round about hardly ever appear to worry about the guns, really quite close.

"When we are on our return journey there is nothing to do but sit up on deck, read, sew, and get gnat bitten. We have plenty to do when all our beds are full. As soon as we have filled up off we go. I am ever so well and fit, and one needs to be, too."

Another nurse writes: "Our barge became

more and more leaky, until we simply paddled from bed to bed, and then had to lie up for repairs.

"Meanwhile, we have been transferred to a bone dry barge, stoves in ward, very cosy and comfortable for the poor mud-covered and drenched boys we carry down. Oh, they are so badly wounded, and consequently very, very brave and quiet. It rains a good deal most days now, and the canal bank roads are often ankle deep, sometimes more, in mud, and our usual outdoor dress is a sou'wester, mackintosh, and gum boots.

"I am bringing home when I come a plate with the arms of a town on it which is often being shelled, and to which we travel up to collect

patients from the field ambulance. We have been up there under shell fire more than once, and the shop in which I bought it has since been destroyed by the bombardment. This is the experience of a lifetime, and I would not have missed it for much.

"I could write much of interest, but am forbidden by the censor. There seems so little one may write of, of interest, in spite of living and working in the midst of things most interesting. Well, even the censor cannot control a woman's tongue, can he? And mine will wag when I see you.

"Two or three trips ago we carried down a colonel badly wounded in the chest. His symptoms were rather distressing at times, and I tried to reassure him, and when told to give him a quarter of a grain of morphia hypodermically explained it to him by saying I was just going to give him a little

prick in the arm so that I could give him some medicine to ease the pain and make him sleep. He took it all very quietly. Imagine how small I felt next day when I realised he was an R.A.M.C. colonel!"

A Sister on a hospital train writes: "I have now done exactly six months, and the train is a great success. During the last three weeks we have carried nearly 3,000 patients, and not had one death. We had several loads direct from the trenches, and they were loads that I shall never forget, but not one grumble. We feed them well, and do every dressing just the



MISS VIVIEN TREMAINE.

same as in hospital, cut all clothes off, and wash the patients. I don't think they do this on many trains, but we have an excellent Commanding Officer. . . .

"It was just a mere fluke we were not caught the other day. We had them shelling us directly over the train. It is so strange one never fears what might happen. I was much more frightened when I was a German prisoner. I have done nothing but war work since the first Friday after war was declared, and saw the fall of Louvain and most of those places before Brussels.

"The country we pass through is beautiful in some parts. The woods and walks are so lovely. The farmers are wonderful. They do not waste an inch of ground. They could teach us a lesson. People at home do not know what these poor French cottagers are going through. The women are so good. One never sees a man in the fields unless he is too old for anything else.

"We all notice how much better spirits the men are in these last loads. They say they have done so well. Of course the French are delighted. . . .

"It was too awful about Miss Cavell. I often took tea with her in Brussels. She was very kind to me because I got blood poisoning from the Germans.

"We are very busy, but have not many wounded just now—all 'trench feet' cases. It is very sad, and so soon. They are all so bright and gay. The motto is 'keep smiling.'"

Twenty-two of Mrs. Stobart's unit and a few of the British Farmers' have reached Montenegro. They are expected home at the earliest opportunity. They are in the charge of Sir Ralph Paget, but beyond this nothing is known as to the manner of their journey and their names are also unknown. It is believed that others have reached Salonika. It is reported that some of the staffs who were in Salonika when hostilities broke out have now organised relief work among the refugees on the frontier. This work it is believed will be in charge of Dr. Elizabeth Finegan and Dr. R. W. Vaughan.

The Serbian Relief Fund and the Scottish Women's Association have sent a supply of warm clothing to Scutari and Salonika, in the hope that it may arrive in time to meet the returning nurses, who are no doubt travelling in great privation from want of warm clothing, and it is to be feared food also. Many anxious enquiries from their friends are daily being received at the Headquarters of the Serbian Relief Fund at 5, Cromwell Road, S.W. It is however reassuring to know that they are in the hands of Sir Ralph Paget.

The Wounded Allies Relief Committee (Sardinia House, Kingsway, W.C.) have received news that the following members of their hospital unit in Serbia have reached Salonika, as well as Dr. Lilius Hamilton, reported safe on December 2nd.. Nurse Macdonald, Nurse Webster, and Nurse Elkington. Others of the unit are expected at Salonika.

## THE CANADIAN ARMY NURSES' CONVALESCENT AND REST HOME.

Now that there are nearly 700 members of the Canadian Army Nursing Service on this side of the Atlantic, serving their King and country in military hospitals, it is obvious that they need some home to which they can go from time to time, whether for rest between their cases or to recuperate from illness. It was, therefore, a most kind thought of the Hon. Mrs. Graham Murray and her husband, to place their charming house at 13, Cheyne Place, Chelsea, at the disposal of the Canadian nurses for this purpose, and their kindness is thoroughly appreciated.

The Sister-in-Charge, whose appointment rests with the Canadian Army Medical Corps, through the Matron-in-Chief of the Nursing Service, Miss Macdonald, is Miss Cameron-Smith—one of the contingent of nurses who came over in February, and was at first stationed in a hospital on Salisbury Plain; but, since May, she has been in charge at 13, Cheyne Place, and is a most genial and capable hostess. The expense of maintaining the Home, which is absolutely free to the guests, is borne by the Canadian Red Cross Society.

The drawing-room on the first floor is a delightful room, with plenty of comfortable chairs and couches, cosy corners—the note of pink in the wall-paper giving just the touch of brightness needed. The bedrooms, which will accommodate about ten nurses, are just as cosy as can be, and a Sister not well enough to come downstairs has a pleasant time. Rest and good feeding are the tonics on which Miss Cameron-Smith relies, and a more charming or happier set of people than these Canadian Sisters it is impossible to imagine. Evidently they respond to treatment.

Although Miss Cameron-Smith is the right person in the right place, she did not like to think that her direct association with sick and wounded soldiers had ceased, so the happy idea occurred to her of having a tea party once a week for Canadians from No. 2 General Hospital, Chelsea (T.F.). Usually she has sent taxi-cabs for them and taken them back again, but now the Volunteer Motor Mobilization Corps has come to her aid and hopes to fetch them and take them back, at least twice a month. If there are not about a dozen Canadians well enough to come, then the number is made up with other Colonials, or with English convalescents who have no friends near at hand, and are not likely to have many invitations.

On arriving, at 3.30, the men go up to the drawing-room, where Miss Cameron-Smith and the Sisters make them quickly feel at home. The smart military uniforms of the Canadian Army Nursing Service—dark blue with gold buttons and red on the collars and sleeves—give a touch of festive brightness to the scene; and two pensioners from the Royal Hospital, Chelsea, who are later given

the seat of honour at the end of the tea table, add to the interest of the gathering.

There is no pre-arranged programme; everything is delightfully informal, but, while the "boys" enjoy the cigarettes provided by their hostess, one of the Sisters presides at the piano, and some excellent songs—both solos and choruses—are provided by the guests.

About five o'clock there is an adjournment downstairs for tea, when the visitors sit round the table, and a substantial tea is provided, including sandwiches, cakes, rosy Canadian apples, and other good things. One of the men, dubbed "Hercules" by his comrades, though he is by no means Herculean in stature, picks up and carries downstairs one of the guests who is unable to walk.

After tea there is more music, and at last, at

country and her Overseas Dominions, and the capable, happy and charming Sisters of the Canadian Army Nursing Service are helping all they know to strengthen them. All success and good luck to them.

M. B.

#### OVERSEAS NURSES AT THE LYCEUM.

There is to be a special Tea Party at the Lyceum Club on Tuesday, 14th inst, when Over-Seas Nurses will be the guests of honour. Canada, Australia, New Zealand, and let us hope South Africa, will all be represented. A Dinner is also anticipated on Monday 20th, when it is hoped that the Canadian Unit of the French Flag Nursing Corps may have arrived in London.



WOUNDED SOLDIERS ENTERTAINED AT THE CANADIAN NURSES CONVALESCENT AND REST HOME.

THE HOST, MRS. GRAHAM MURRAY,  
MISS CAMERON-SMITH.

6.45. after "God Save the King" has been loyally and lustily sung, and three cheers given by the "boys" for their kind hostesses, they are packed into the motor bus provided by the Volunteer Motor Mobilization Corps, and drive off to Chelsea, promising, if possible, to come again. Well, indeed, they may, for there has not been one dull moment all the afternoon, and there has been much enjoyment, friendliness and goodwill.

We can well imagine that Captain Graham Murray, at present with his regiment, but who is kept informed by his wife of the uses to which the house is put, feels that it has never given him so much pleasure as during the present year. Certainly, it is forging many links between the old

#### RELIEF EXPEDITION FOR RUSSIA.

Quite a number of friends were on the platform at King's Cross on Tuesday afternoon to bid God speed to Miss Violetta Thurstan, Secretary of the National Union of Trained Nurses, when she left for Russia to make arrangements for the unit of Nurses being sent out for work amongst Russian and Polish Refugees. Miss Thurstan was wearing the cloak and veil which she adopted when working in Russia, and on the cloak the ribbon of the Order of St. George. Underneath showed a blue and white check apron bearing the Red Cross. Stowed away in the carriage were a sheepskin and a tea basket. To her other impedimenta Miss Thurstan was apparently indifferent.



## FRENCH FLAG NURSING CORPS.

La Vicomtesse de la Panouse, has, upon the unanimous request of the Committee, accepted the position of President of the French Flag Nursing Corps. This charming lady is the wife of the Military Attaché at the French Embassy in London, and, as President of the British Branch of the Croix Rouge Française, is well-known for her tireless work in aid of the French sick and wounded. Mme. de la Panouse has always been most sympathetic with the work of the F.F.N.C. and has sent many generous gifts to the hospitals in France where the Sisters are on duty. Her closer association with this Corps of British Nurses working in France under the direct authority of the French War Office, is a happy augury for its further success. We congratulate the Committee and the Sisters upon securing her appreciation and support.

A delightful Dinner was given on Monday night at the Lyceum Club in honour of two of its literary lights, Mrs. de Jan (Winifred James), known to her many friends as "Bachelor Betty," after her first celebrated heroine, and Miss Grace Ellison, who, with her instinct for international politics, warned us in her works on the Women of Turkey, that it would be well to keep on terms of friendship with our old Ally on the Bosphorus, failing which the inevitable would happen—and it has. Mrs. Dora Montefiore was in the chair, and both ladies learned, if they did not already know it, in what sincere affection and esteem they are held by their Lyceum colleagues.

The following Sisters will leave for France on Friday, 10th, if all goes well:—Miss Lucy E. Way, cert. St. Bartholomew's Hospital, Matron Cottage Hospital, Melksham, Wilts; Miss Mylanwy H. Davies, cert. the Birmingham Infirmary; Miss Edith A. Post, cert. the Holborn Infirmary.

Miss Haswell, who attended the *Manifestation en l'honneur de Miss Cavell* at the Trocadéro, in Paris, a hall which holds 6,500 persons, writes that the proceedings were most dignified and impressive throughout. "As the President entered his box we rose to the strains of the 'Marseillaise,' followed by 'God Save the King' played in a manner not to be excelled. It was really magnificent. Then followed three orations. M. Ferdinand Buisson, President of the League for the Rights of Man, spoke of Miss Cavell, her vocation as a nurse, her devotion to her work, her tragic assassination, and referred to her charity and courage. Mme. Séverine, so well known in literature, and one of the *feministes* of the finest type, spoke with tenderness and ardour of Miss Cavell's heroic example. Then M. Paul Painlevé, Minister of Public Instruction and of Fine Arts, pronounced a magnificent oration, ending 'O petite infirmière anglaise,

vous n'avez pas été vaincue; vous êtes, au contraire, victorieuse pour l'éternité. Vous symbolisez désormais toute la légion de ces femmes héroïques qui, dans les ambulances, s'en vont prodiguer leur dévouement anonyme et leur héroïsme silencieux. Vous prenez rang parmi ces gardiennes impérissables de l'idée humaine, dont le nom se transmet d'âge en âge. Et en cette commémoration grandiose qui devance l'histoire, devant le peuple de France, accouru en foule pour vous célébrer, nous vous saluons, comme l'annonciatrice d'une humanité meilleure et du droit triomphant.' When the wonderful applause had passed away, there was solemn and lovely music of an exceptionally touching quality. 'La Marche funèbre' of Chopin, played by M. Eugène Gigout on the great organ with orchestra and chorus, 'l'Élégie' by Gabriel Fauré, fragments of the 'Requiem' by Verdi. The solos were given with most profound feeling by great singers from the Opera.

"Mme. Weber, of the Comédie-Française, recited with great power two poems yet unpublished, '*A une martyre*,' by M. André Dumas, and '*A Miss Cavell*,' by M. A. Ferdinand Hérold. The whole was a grand and most impressive spectacle. It was splendid for English nurses to see Paris honouring their colleague. This homage could not have been more touchingly rendered had she been a Frenchwoman."

We feel sure both Miss Ellison and Miss Haswell will be pleased to see "war workers" passing through Paris, and to be of use to them if possible. The headquarters of the F.F.N.C. are very central at the Hotel Bediord, close to the Madeleine.

Miss Maxwell, Matron of the Simmer and Jack Hospital, Germiston, Transvaal, who has been working at the Military Hospital, Jules Ferry, Lisieux, for six months, in charge of the operating theatre, has completed this term of service, and left Lisieux, to the deep regret of the patients and her fellow nurses. Miss Maxwell has won for herself sincere affection and regard. The *Médecin-chef* says that during her term of office she has carried on the service of the operation room with the greatest zeal and devotion, and her very thorough knowledge of surgical nursing has been greatly appreciated by the medical officers.

The Corps has had another most helpful consignment of hospital equipment from the St. Marylebone War Hospital Supply Depot, the following articles having been sent to Hôpital Temporaire 25, Talence, Bordeaux:—Case 1: Roller bandages, 288; T bandages, 10; Head bandages, 10; plaster of Paris, 1; bedjackets, 30; day shirts, 18; handkerchiefs, 20; socks, 21. Case 2: abdominal bandages, 18; chest bandages, 10; stump bandages, 10; splints, 20; bed socks, 20 pairs; splint pads, 10; nightshirt, 1; day shirts, 8; handkerchiefs, 82; hot water bottle covers, 10.

## OUR ROLL OF HONOUR.

Our portraits of the late Miss Mary Rodwell, of Q.A.I.M.N.S.R., the one in uniform taken in her training days, and the other more recently, will be welcomed both by those who knew her, and also to many who will like to know what manner of woman was the nurse who went to her death so bravely.

Miss Rodwell was born at Brockdish, in Norfolk, on June 7th, 1874. Trained at the Hendon Infirmary from 1901 to 1904, she afterwards worked at the Samaritan Free Hospital, Marylebone Road, W., and later in private nursing homes, and as a private nurse. She was also a certificated masseuse. She was a true nurse, and always had the interests of her patients closely at heart.

Relatives of Miss Rodwell who have seen the Matron and Sisters rescued from the *Anglia*, say that they cannot speak too highly of her. The last the Matron saw of her was shortly before the explosion, when she came up to fetch some warm woolies for her patients. She was in charge of 200 cot cases, and her last moments were spent in caring for them, as when the explosion came she was ministering to the wounded. She died the death she would have wished for her King and country, doing her duty to the last moment.

One who knew her writes: "I never met a more lovable, unselfish and noble woman. Her patients filled her whole heart and soul. She constantly studied them and did all in her power for them. Self was never thought of. When private nursing her patients could not speak too highly of her

personally, or of her abilities as a nurse. She often spoke of her very happy days at Hendon. I think they were really her happiest days.

When war broke out she felt it her duty to volunteer for foreign service, and was from February till May on hospital trains, since which time she has been on the *Anglia*. We all feel proud that she died so noble a death, and that we have such sweet memories of her, but we deeply mourn her loss."

A colleague in France writes: "We are having it very cold out here now, and had quite a heavy snow fall several days ago, and of course 'trench foot' has started. How dreadful about the *Anglia*. Quite a number of patients from this hospital were on board. She had been waiting for days before she could get away."



MISS MARY RODWELL, Q.A.I.M.N.S.R.

## AN APPRECIATION.

BY THE MATRON OF HER TRAINING SCHOOL.

Miss Elma Smith, Matron of the Hendon Infirmary, writes:—

DEAR EDITOR.—I want to tell you how much we all appreciate your kind expression of sympathy with us all—both relatives and friends—in the loss of Nurse Rodwell. She herself could wish for no better end than to die with the patients under her care. We all know what a keen sense of duty she possessed. Nothing was ever a trouble to her where her patients were concerned, and she was kind, firm and sympathetic to a degree. She gave all she could at all times to help and comfort those in trouble and need.

We shall all miss her greatly, as she was one of the keenest members of our Nurses' League. I wonder if you know, too, how much she appreciated your work in the cause of women,



MISS RODWELL DURING HER TRAINING AT HENDON INFIRMARY.

especially nurses. She was an ardent registrationist and never lost an opportunity of advocating the cause. Besides this she always supported THE BRITISH JOURNAL OF NURSING from the time she came here to train. Then, too, she was an enthusiastic Suffragist. There are many who can tell you how, in a quiet way she did much for her fellow workers.

I can only add my expression of sincere regard, and at the same time thank you sincerely for all you have said of her.

#### NURSES NEEDED BY THE WAR OFFICE.

It is notified by the War Office that nurses holding certificates for three years' general training who are desirous of being employed in military hospitals should apply in writing, without delay, to the Matron-in-Chief, Q.A.I.M.N.S., War Office, Whitehall, S.W., for conditions of service.

#### THE SALARIES OF POOR LAW PROBATIONERS IN MILITARY HOSPITALS.

At a recent meeting of the Leicester Board of Guardians a letter was read from the Birmingham Union protesting strongly against the new proposals issued by the War Office, under which Poor-Law probationary nurses serving in infirmaries handed over to the military authorities would be paid a lower rate than Voluntary Aid Detachment probationers. On the motion of the Chairman it was agreed to support the attitude of the Birmingham Board and to send a protest to the War Office. The Chairman said why the Poor-Law officers should be paid less than Voluntary Aid workers he could not understand. We are glad that Boards of Guardians are protesting against this arrangement.

#### PURE WATER FOR SOLDIERS.

##### 'TABLOID' SODIUM ACID SULPHATE.

The health of an army in the field depends largely upon the purity of its drinking water, and some method of purification is indispensable. Sterilization of course effects this, but the use of a bulk-sterilizing apparatus is not always possible. We once more, therefore, draw attention to the "Tabloid" Sodium Acid Sulphate supplied by Messrs. Burroughs Wellcome & Co. in bottles of 50 which can be used by individual soldiers in their water bottles, and which render the water sufficiently pure for all practical purposes. One of these tabloids should be added to a pint of water, or two to the contents of a soldier's water bottle (1½ pints). In this strength they yield sufficient free acid to render the pathogenic bacteria harmless within half an hour, and each soldier should be instructed not to drink from his water bottle for at least half an hour after refilling his bottle and adding the tabloids. Water so treated tastes not unlike lemonade, and no difficulty is experienced in inducing soldiers to make use of the products.

#### JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

*Broadwater Hospital, Ipswich.*—Miss E. M. Rhodes.

*Red Cross Hospital, Earl's Colne, Essex.*—Miss E. K. Good, Miss E. Law.

*Parc Howard Hospital, Llanelly.*—Miss L. Alexander.

*Flounders College Hospital, Acworth, Pontefract.*—Miss M. Lacken.

*Auxiliary Military Hospital, Timberhurst, Sussex.*—Miss S. Graham.

*Beechcroft Military Hospital, Woking.*—Miss M. R. O'Connell.

*Red Cross Hospital, Oaklands, Clevedon, Somerset.*—Miss E. E. Jenkins.

*Town Close Lodge Hospital, Norwich.*—Miss Emily Jenkins.

*Normanhurst, Norwich.*—Miss M. Leed.

*Lady Hardinge Hospital, Brockenhurst.*—Miss E. C. Wilson.

*Red Cross Hospital, Massandra, Weymouth.*—Miss M. E. Crocker.

*North Staffs Infirmary, Stoke-on-Trent.*—Miss E. Long, Miss F. E. Varney.

*Haverley Abbey Military Hospital, Farnham.*—Miss M. Hopkins.

*V.A.D. Hospital, Roseneath, Winchmore Hill.*—Miss I. M. Ketteringham.

*Home Mead Hospital, Lymington, Hants.*—Miss F. E. Burch.

*Auxiliary Military Hospital, Southall.*—Miss F. E. Solomon.

*St. Mary's Hospital, Worthing.*—Miss E. G. Greenway, Miss A. Hawson.

*Norfolk War Hospital, Thorpe, Norwich.*—Miss Daisy Dent.

*Howick Hall, Lesbury, Northumberland.*—Miss M. Wiles.

*V.A.D. Hospital, Brigford, Notts.*—Mrs. Francillon.

*Weir Hospital, Batham.*—Miss O. Tucker.

*Military Hospital, Priory, Frimley.*—Miss A. E. L. Scanlan.

*83, Portland Place, W.*—Miss A. Cox.

*Old Mansion House, Cardiff.*—Miss I. M. Robinson.

*Red Cross Hospital, Brickett House, St. Albans.*—Miss J. Hawson.

*Lund Wood Hospital, Barnsley.*—Miss E. H. Dawes.

*Dane John Hospital, Canterbury.*—Miss K. E. Allen.

*V.A.D. Hospital, Earl's Colne, Essex.*—Miss E. F. Fewes.

*Old Hastings House, Hastings.*—Miss M. A. Young.

*Red Cross Hospital, Winston House, Blackwater Road, Eastbourne.*—Miss A. B. Williams.

*V.A.D. Hospital, Ceils, Manor Road, Worthing.*—Miss L. Doughty-Cape.

*Voluntary Military Hospital, Frinton-on-Sea.*—Miss H. L. Horniman.

## THE LADIES' COMMITTEE.

At the recent meeting of the Ladies' Committee, of the Order of St. John of Jerusalem, the Duchess of Somerset submitted the text of the Brass Tablet which is to be placed in the Priory Church of St. John as a memorial to the late Sir Claude Macdonald. It was very simple and was unanimously accepted. No member of the Committee could be more sincerely mourned than Sir Claude, always so kind and enthusiastic about the good work the Committee had in hand. The Duchess, who has kindly received Christmas gifts for sick and wounded soldiers in France in the hospitals specially cared for by the Order of St. John, reported that she had received upwards of 3,700 gifts, which were on view at 35, Grosvenor Square, to members of the Committee. It was reported that the medical officers at the Brigade Hospital, Etaples, were to have match boxes inscribed with the arms of the Order, and Lady Perrott's proposal to give the whole nursing staff, of whom there are 67, belt buckles, met with generous support, Lady Phillips offering to pay the whole cost. These buckles are of charming design, having "The Order of St. John of Jerusalem" inscribed around the edge. We feel sure this gift will be immensely appreciated by the nursing staff, and will be for ever kept and valued in memory of their service at the Brigade Hospital.

It was reported that Her Majesty the Queen had sent a Certificate of thanks to the St. John workers, which had been framed and should greatly encourage further effort upon their part.

An address given by Mr. Francis Gribble on his experience as a civilian prisoner at the Camp at Ruhleben, was listened to with intense interest and many present could not help comparing the shameful neglect and suffering endured by the English prisoners, with the sentimental ostentation of our arrangements for German prisoners at Donnington Hall and elsewhere. The contrast was simply heartrending, and we cannot but think that we should obtain much more humane and decent treatment for our prisoners in Germany if our German prisoners were treated with less weak servility in this country. The Teuton is not a species which can comprehend even the elements of chivalry. It is satisfactory, however, to know that Ruhleben is not the pigsty it was originally, and that thanks to men like Mr. Stanley Lambert, the invalid prisoners are no longer starved and neglected. Mr. Gribble paid a high meed of praise to Mr. Lambert's humanitarian and scientific work for prisoners in the camp. Let us hope there are means by which a grateful nation can recognise it.

Miss A. E. Pirnie, cert. Newcastle Royal Infirmary, has left this country to take up service with the Belgian Field Hospital.

Miss Annie C. Mackenzie, cert. St. George's Infirmary, is leaving for service at the Hospital Militaire Anglais, Nevers.

## CARE OF THE WOUNDED.

Two interesting contributions have been made to the funds of the Anglo-Russian Hospital now established in the Dmitri Palace in Petrograd. The Empress Alexandra Feodorovna has presented the hospital with 30,000 roubles out of a fund at Her Majesty's disposal in Petrograd, and an anonymous contributor, who sent £300 to the funds in August, has now made a second contribution of £500, "in order," as he says, "to show my gratitude and appreciation of what our brave Allies, the Russians, have done for the good of the Entente Powers."

A sum of £3,000 is urgently needed to carry on the work and extend the usefulness of the Urgency Cases Hospital, maintained by the British people at Revigny for seriously wounded French soldiers. Sir Arbuthnot Lane is president of the hospital committee. Out of 1,115 cases treated, only 41 deaths have occurred, and tributes to the excellence of the work done by the institution have been paid by leading French military surgeons. Donations may be sent to the Hon. Secretary, Mr. James Baird, 50A, Curzon Street, London, W.

Many people will anticipate with some eagerness the publication of a volume now in the press "The Order of the Hospital of St. John of Jerusalem and its Grand Priory of England," compiled by Mr. H. W. Fincham, who has for many years been connected with the Library of the Order at St. John's Gate and Warden of its Priory Church. The history of the Order is traced from the earliest date to the present time, when its activities in connection with the relief of the sick and wounded are attracting so much attention. A chapter on the modern side is contributed by Mr. W. R. Edwards, Secretary of the Order, and an authority on ambulance and first aid matters.

The volume will be a small quarto, with large margins, and many attractive illustrations, and would be a welcome gift.

## WEDDING BELLS.

An engagement of unusual interest is that of Miss Kathleen Smith, until recently Matron of the West Kent Hospital, Maidstone, and at present Matron of the 5th Southern General Hospital (T.F.), Southsea, to Major T. A. Munro Forde, R.A.M.C. (T.). Major Munro Forde is attached to the staff of the above hospital, and is also Hon. Surgeon to the Royal Portsmouth Hospital. Miss Smith was trained at the Essex and Colchester Hospital, and the Royal Hants County Hospital, Winchester, in both of which institutions she afterwards held the position of Sister. She was also Housekeeper for three years at the Royal Infirmary, Leicester, before being appointed Matron of the West Kent Hospital, and has a wide circle of professional friends who will unite in wishing her every happiness.



## A DOMESTIC AFFAIR.

It will be within the recollection of our readers that before leaving London to take up her new office as Matron of the Hôpital Militaire Anglais at Nevers, Miss Florence Tubbs sent a letter to Lord Kitchener, the Secretary of State for War, petitioning for a thorough investigation into the circumstances of her summary discharge by the Committee of the Endsleigh Palace Hospital for Officers.

We are now requested to publish her letter and the reply thereto received from the War Office.

87, LEITH MANSIONS,  
MAIDA VALE, LONDON, W.  
25th October, 1915.

To Field Marshal the Right Hon. Earl Kitchener  
of Khartoum, K.G., K.P., G.C.B., O.M.,  
Secretary of State for War.

MY LORD,—I beg to enclose herewith a copy of THE BRITISH JOURNAL OF NURSING containing a full report of the circumstances connected with my dismissal from the position of Matron of the Endsleigh Palace Hospital for Officers.

I beg to enter a formal protest against the manner of my dismissal, without enquiry or investigation, and to point out that this took place in a military auxiliary hospital, which is presumably under the authority of the War Office, which has led trained nurses employed there to believe they were under its protection.

In this connection I may draw attention to the fact that the War Office has found it necessary both for the regular Military and Territorial Force Nursing Services, to appoint Advisory Nursing Boards on which the Nursing Profession is represented by experienced Matrons—who advise the War Office on professional questions connected therewith; but, in connection with the large number of nurses working in Military Auxiliary Hospitals, there is no such professional authority to which they can refer questions of difficulty, or injustice, and which, in its turn, would be able to advise the War Office.

I beg most respectfully to submit to your Lordship that when the Matron of a Military Auxiliary Hospital, with a record of 20 years' honourable professional service, is summarily dismissed, by a committee formed of half a dozen people, who know nothing of professional nursing, and is directed to leave the institution, she should have the right to an independent investigation on the part of the War Office. Had I consented to be thus summarily ejected, at a few hours' notice, my personal and professional reputation, and with them my power of self-support, would have been irretrievably damaged.

I beg further to direct your Lordship's attention to the letter signed by all the officers who were patients in the Endsleigh Palace Hospital for Officers at the time, and to the fact that owing

to the circumstances of my dismissal all the Senior Sisters, and the large majority of the nursing and domestic staff, resigned as a protest against the arbitrary and unjustifiable treatment to which I was subjected, and the Commandant of the Voluntary Aid Detachment working in the Hospital withdrew all its members.

I beg in conclusion to claim respectfully:—

1. That in hospitals subsidized by a State Department the Staffs of such hospitals are entitled to the right of appeal to that Department.

2. That it is incumbent upon the War Office to see that the trained nurses in military auxiliary hospitals are justly treated, and

3. That no nurse should be summarily discharged by lay committees, or any other authority, without being informed in writing of the accusations against her, and having an opportunity of meeting them.

I respectfully draw your Lordship's attention to the procedure adopted by the Local Government Board, under which Boards of Guardians have no power to remove the higher officials in Poor Law Infirmarys. Such officials have the right of appeal to the Local Government Board and to an independent enquiry. I am of opinion that the same measure of justice should be accorded to me.

I am,

My Lord,

Your obedient servant,

FLORENCE TUBBS

(late Matron of the Endsleigh  
Palace Hospital for Officers).

War Office,

Nov. 6th, 1915.

DEAR MADAM,—I have received your letter of October 25th, enclosing a copy of a letter which you sent to the Secretary of State for War. The matter in question is really a domestic affair between the Committee and yourself, and as the Committee are opposed to any enquiry, I regret that we cannot interfere in the matter. I should point out that there has been no reflection on your character from first to last.

Yours faithfully,

(Signed) H. J. TENNANT.

To Miss Florence Tubbs.

We are not surprised to learn that the Committee, of which Sir Archibald Williamson, M.P., is Chairman, and his wife Hon. Secretary, are "opposed to any enquiry," as their conduct throughout has, in our opinion, been quite indefensible, and we still contest the assumption of the War Office that the treatment of its officials by persons forming committees of military auxiliary hospitals, recognised by this State Department, is a "domestic affair." It is no such thing. The Endsleigh Palace Hospital for Officers is not a charitable institution; the whole building was comman-

deered by the War Office, which is responsible for the rent, and it pays a subsidy for each officer admitted. It is therefore supported by King's taxes, to which we are compelled to subscribe. As a taxpayer, we therefore protest vigorously against being compelled to exonerate the Committee of this military hospital from all responsibility, and from enquiry, when it is accused of ill-treating our public servants, and thereby callously injuring the professional reputations of blameless women.

If this institution and its professional staff belong to Sir Archibald and Lady Williamson, let them pay for them, and thus constitute their control "a domestic affair." Professional women will then have themselves to blame if they accept service in their employ. At present, as Miss Tubbs points out in her admirable letter to the Secretary of State for War, "trained nurses employed there believed they were under the protection of the War Office," as they certainly ought to be. This episode is only one more proof of the serious disorganization of military nursing through the vicious system of accepting charity, and with it civil patronage, for our sick and wounded soldiers, when their care should be the first charge on the huge sums of money cheerfully paid by a grateful nation through increased taxation. In the near future let us hope our troops, officers and men, may alike be provided, as their right, with the highest nursing skill available, and that their nurses will be, as medical officers of course are, under the direct control and protection of the State Department which is paid to exercise such responsibility.

### A POPULAR ASSOCIATION.

The report to be submitted to the forthcoming annual meeting of the Queen Victoria District Nursing Association at Sheffield is an excellent record of work. The Council report that eight of the nurses have been called up for war work, but no difficulty has been experienced in obtaining fully trained and competent nurses to fill the vacancies, and it acknowledges the way in which the Superintendent (Miss Hancox) has arranged for the high efficiency of the whole nursing work, and for the economical management of the Home.

The report received from Headquarters, as a result of the Annual Inspection, comments on the fact that notwithstanding the unusual difficulties created in consequence of the war, the good work has not been curtailed, and says that Miss Hancox is to be congratulated on her ability to fill the vacancies so created.

## LOCAL GOVERNMENT BOARD (SCOTLAND).

### EXAMINATION OF NURSES.

On November 16th, and subsequent days an examination for the certification of trained sick nurses, and trained fever nurses was held by the Local Government Board for Scotland, at Glasgow, Edinburgh, Dundee and Aberdeen. The examiners were Dr. Templeman, Medical Officer of Health, Dundee; Professor Glaisier, the University, Glasgow; Dr. John Gordon, Aberdeen; and Dr. Richard, Medical Officer of Govan Poor House.

The practical part of the examination was conducted by Miss Thomas, Matron of the City Hospital, Edinburgh, and Miss Merchant, Matron of the Eastern Hospital, Glasgow.

The results were as follows:—

|                                                                           | Distinction Passed Failed |    |    |
|---------------------------------------------------------------------------|---------------------------|----|----|
| In Anatomy and Physiology                                                 | 7                         | 74 | 22 |
| In Hygiene and Dietetics                                                  | 6                         | 73 | 14 |
| In Medical and Surgical Nursing (for Poor Law and General Trained Nurses) | 3                         | 21 | 1  |
| In Medical and Surgical Nursing (for fever trained Nurses)                | 3                         | 34 | 1  |
| In Midwifery                                                              | 2                         | 25 | 1  |
| In Infectious Diseases                                                    | 9                         | 38 | —  |

The following candidates have now completed the examination and are entitled to the certificate of efficiency granted by the Local Government Board:—

1.—*Certificate in General Training.*—Flora Cameron, Mary A. Cameron, Louisa Edwards, Janet P. Gracie, Marion L. Gray, Bethia M. Green, Elizabeth C. Hay, Gertrude Inglis, Margaret E. Jack, Jean C. Jeffrey, Mary I. Kelly, Margaret Knox, Mary Lindsay, Isabel S. Logan, Helen K. Magee, Jessie L. Macadam, Isabella M. Macbeth, Mary J. O'Sullivan, Mary Ramsay, Isabella Reid, Mary Shanley, Marion S. Walker, Jessie McLeod, Isabella Skakle.

2.—*Certificate in Fever Training.*—Jean Aitken, Penelope B. Cattran, Kathleen J. L. Claney, Jess M. Cunningham, Annie J. Cursiter, Annie Goodwin, Agnes S. Green, Constance Howitson, Janet M. Jolly, Elsie J. Morgan, Gertrude McElhinney, Isabella M. Nicolson, Catherine Stewart, Charlotte F. W. Wells, Edith Clark, Margaret L. Duncan, Margaret Gallie, Helen P. Gordon, Margaret Guthrie, Lucy D. Jenkin, Elizabeth C. Keith, Helen B. R. Kinnear, Beatrice F. Longmire, Winifred I. M. Miller, Johann McLean, Mary E. Shennan, Evelyn M. Tennent, Isabel I. Wallace, Helen A. Strachan, Elizabeth L. Swankie, Isabella L. Balfour, Elizabeth A. M. Blease, Barbara Booth, Mary A. S. Brebner, Frances E. Bruce, Helen Craib, Bella Duncan, Susan S. Falconer, Margaret W. Laird, Margaret A. Lamb, Isabella J. Leith, Elizabeth S. Milne, Margaret M. Watt.

## APPOINTMENTS.

### MATRON.

**St. Leonard's Hospital, Sudbury, Suffolk.**—Miss F. Hollister has been appointed Matron. She was trained at the Cardiff Infirmary (King Edward VII's Hospital), and has been Matron of the Tredegar Park Cottage Hospital, and of the Miners' and Women's Hospital, Redruth. She has also held the position of Sister in Queen Alexandra's Imperial Military Nursing Service Reserve.

**Passmore Edwards District Cottage Hospital, Tilbury.**—Miss C. Yeppsen has been appointed Matron. She was trained at the London Hospital and is a certified midwife.

### SISTER HOUSEKEEPER.

**Royal Infirmary, Bradford.**—Miss J. Deuchar has been appointed Sister-Housekeeper. She was trained at Ruchill Hospital, Glasgow, and the Royal Infirmary, Liverpool, and has held the position of Sister at the Park Hill Hospital, Liverpool, and the County Hospital, York.

### NIGHT SISTER.

**Stockport Infirmary.**—Miss Kate Jenkins has been appointed Night Superintendent. She was trained at the Derbyshire Royal Infirmary, Derby, where she has held the position of Charge Nurse in the Isolation Block, and Sister in the Eye Department.

### QUEEN VICTORIA JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Mrs. Juliana Albery is appointed to Withnell; Miss Amy E. Burkin to Paignton; Miss Mary F. Chartres, to Jewish Maternity Nursing and Sick Room Helps Society for Midwifery and Health Visiting; Miss Lucy Corrie, to Reading; Miss Edith Greenwood, to Morecambe; Miss Janet Macleod, to Lancaster.

## THE NATIONAL COUNCIL DELEGATES.

Members of the National Council of Trained Nurses of Great Britain and Ireland, will be glad to know that Miss A. E. Hulme, and Miss Beatrice Kent, their delegates to the meeting of the International Council, and Congress, of Nurses in San Francisco arrived home safely on Wednesday, December 8th.

## THE HOSPITAL WORLD.

The Metropolitan Asylums Board have abandoned a proposal to erect three sanatoria for consumption, as the London Insurance Committee state that "owing to the financial position in which they find themselves they cannot guarantee that they will be able after the end of the present year to maintain a larger number than 250 patients in the sanatoria of the Board."

### WELCOME HELP.

The President of the Society for State Registration of Trained Nurses acknowledges with thanks the following donations:—Miss E. E. Fowler, £1 1s.; Miss J. C. Child, 7s.; Miss C. Crichton Stuart, 5s.

## NURSING ECHOES.

Apropos of the changes in the Royal Red Cross Order, it is interesting to recall that in England there are seven Orders which can be worn by women, if the Order of the Garter, of which there are but two female members, the Queen and Queen Alexandra, is included. The others are the Order of Victoria and Albert, the Order of the Crown of India, the Order of the Royal Red Cross, the Order of St. John of Jerusalem, the Order of Merit, and the Order of Mercy.

There are in all some twenty foreign Orders, and it is said that Spain was the first country to honour women by including them in Orders of chivalry. The Legion of Honour, which has been pinned to not a few feminine breasts in the present war, the Russian Order of St. Catharine and the Austrian Star Cross are a few of the greater Orders which can be accorded to women. In no country does the decoration bestowed on a woman carry any title, as in the case of a masculine knighthood.

Her Majesty the Queen, with Princess Mary and Prince Albert, has visited Sir George Frampton's studio, and inspected the marble statue of herself destined for Delhi, and executed by the great sculptor. At the same time the Queen examined the sketch model of the memorial to Miss Edith Cavell, and expressed her admiration of the design, and her great sympathy with the objects of the memorial.

In recognition of an anonymous gift of £1,000 offered after Miss Cavell's death, the committee of the Leasowe Hospital for Crippled Children, Liverpool, has decided that a ward of 22 beds shall be named the "Edith Cavell" ward.

A movement has also been inaugurated in Bournemouth to collect donations for the endowment of a bed at the Royal Victoria and West Hants Hospital, in memory of Miss Cavell.

The *Treasury* for December contains an appreciation of Miss Cavell under the heading, "*Dulce et Decorum est pro Patria Mori*," by H. H., initials well known to the readers of this JOURNAL. Miss Hawkins has discovered the opinion held of her in the East End. "She was so kind to the scrubbers! Kind to the scrubbers, that poor hard-working class—

widows for the most part—who scrub and polish week in, week out, whose lives are one long apology for their existence, and a perpetual moving of themselves and their pails out of the way of the more favoured. Edith Cavell was kind to them. Out of the strong came forth sweetness.”

Again she writes:—“Far from her lonely grave—in the vicinity of an infirmary where wretchedness and want abound—she is remembered to-day in the inarticulate utterance of the poor as ‘a nice lady.’ It was an unworthy sneer which said that she worked for high fees.”

The Municipal Council of Paris has accepted the offer made by the *Matin* to present the city with a bas-relief in bronze, portraying the execution of Miss Edith Cavell by a Prussian officer. The work will be executed by an eminent French artist, and will be prominently exposed to public view.

A meeting of the Nurses' Missionary League was held at the Royal Southern Hospital, Liverpool, a short time ago. The chair was taken by Miss Drysdale, and a most interesting account of zenana work in India was given by Miss Hobbs, who has spent a great part of her life working there.

An “All-Day Working Party” was held on November 22nd at the same hospital, when members of the N.M.L. and others made articles for two hospitals in India where nurses who were trained at the Royal Southern are now working. The working party started at 10 a.m. and continued throughout the day until 7 p.m. Above the din of bandage rollers and sewing machines, Dr. Morgan, the hospital chaplain, gave a very interesting account of foreign missions, and during the afternoon the S.P.G. Secretary for Liverpool spoke on “Life in Burma.” There was a short interval for luncheon from 12 to 1 p.m., and tea was handed round at 4 p.m.

The amount of work completed at the close of the day was as follows:—18 jackets, 12 shirts, 7 nightgowns, 36 bags, 12 slings, 12 T bandages, 120 roller bandages, 6 binders, 3 pairs nurses' sleeves, &c.

The five nurses who resigned their appointments at the Grimby Union have agreed to remain till the end of the month on arrangements being made to convey them to and from their lodgings. Alderman Fletcher enquired the cost, and was told it was 8s., and Mr.

G. G. McDonald, a Labour member, said the members of the Board had to walk when they visited the workhouse. He considered if the nurses were provided with taxis, the young women who worked in the laundry should also be provided. What was fair for one class of worker was fair for another.

The Clerk said that when the arrangement was made it was not fair to make distinctions between the day and night nurses. He would leave the matter in the hands of the Board, and they could arrange how much or how little they paid. What he had done was to help the Board out of a difficulty, and he was prepared to pay for it himself.

There is no doubt that “living out” is very unpopular with nurses, whatever may be the choice of other women workers.

At the second annual meeting of the Linen Guild of Mercer's Hospital, Dublin, the Countess Dowager of Desart presided, and in opening the proceedings congratulated the officers of the Guild on the work done, which reflected great credit upon them, especially under the shadow of this devastating war.

The report was presented by the Hon. Secretary, Miss Gladys Fleming; and Mr. De Courcy Wheeler, F.R.C.S., who moved its adoption, congratulated the Executive on maintaining the Guild in such a sound financial condition.

In regard to the nursing staff, he had only to mention Miss Burkett, who was away, and Miss Jordan, who was Acting Matron. The nurses who remained performed their increased duties cheerfully, as did the members of the Voluntary Aid Detachment. In regard to the V.A.D. organization, he was of opinion that the military authorities had begun at the wrong end. Instead of calling up ladies with three months' experience of hospital work, they should first have called up those with three years' certificates, and then those with less experience. The girls of short experience were placed in a false position, because they were put into the most important military hospitals, and interfered with the general nursing scheme. He was not finding fault with the individuals, who had done good work, but with the attitude of the authorities. If the trained nurses had been called up first, within a year and a half they would have had a Kitchener's army of nurses ready. The members of Voluntary Aid Detachments were doing excellent work, and he was proud to have been associated with the St. John Ambulance Association for many years.



## A GREAT PROFESSIONAL LOSS.

It is with sorrow, which will be widely shared, that we announce the death of Miss Maude A. Buckingham, Matron of the Queen's Hospital, Birmingham, and of the 2nd Birmingham War Hospital, Hollymoor, Northfield, near Birmingham. Miss Buckingham had not been well for some months past, and on Thursday, December 2nd, underwent an operation, which was successfully performed by Dr. Furneaux Jordan. Unfortunately, symptoms of heart failure became apparent, and she succumbed to a heart attack at 4 a.m. on the morning of Saturday, December 4th.

It is difficult at present to estimate the extent of the loss the nursing profession has sustained by Miss Buckingham's death. She was one of the Matrons who realised her obligations to the public, and to her profession as a whole, and spared no pains to fulfil them.

Miss M. A. Buckingham was trained at St. Bartholomew's Hospital, London, taking a distinguished place in her final examination. After holding an appointment in Scarborough for a short time, she was appointed Matron of the Rotherham Hospital and Dispensary, a position she held for five years. In 1907 she was appointed, out of 64 candidates, to the position of Matron at the Queen's Hospital, Birmingham, where she gained the reputation of an excellent organiser, and was held in the highest esteem by the administrative medical, nursing, and domestic staffs. The excellent professional standing of the nursing staff is largely due to her personal efficiency and organising ability and this was so well recognised that when the organisation of the Rubery and Hollymoor War Hospitals was decided on she was invited by the military authorities to act as Matron of both, though finally it was arranged that she should take up duty at Hollymoor only, obtaining leave of absence for this purpose from the Committee of the Queen's Hospital.

Full of life and professional zeal, able, charming, widely respected, and held in high esteem, Miss Buckingham appears to have been one of the Matrons

who could least be spared, and her death at the early age of 41 must be a shock to her wide circle of friends.

She was a member of the Matrons' Council of Great Britain and Ireland, a Vice-President of the Society for the State Registration of Trained Nurses, a member of the League of St. Bartholomew's Hospital Nurses, the Founder and President of the Queen's Hospital (Birmingham) Nurses' League, in connection with which a *League Journal*—in the production of which she took great interest—is a paper showing considerable literary ability.

Since the passing of the National Insurance Act Miss Buckingham had studied the question of insurance, and was a much-valued member of the Committee of the Trained Women Nurses' Friendly Society, frequently coming up from Birmingham to London to attend its meetings, when her advice was often of great assistance owing to the knowledge she possessed of the subject of insurance.

To the nursing staff of the Queen's Hospital we offer our sincere sympathy in their bereavement, as well as to the League deprived so early of the guidance of its Founder and much-loved President.

The funeral takes place at Kensal Green Cemetery at 3 o'clock on Thursday, December 9th. A service was held in the chapel at the Second Birmingham War Hospital, Hollymoor, on Tuesday at 1 o'clock, after which the body was brought by road to London.

Amongst those attending the service at Kensal Green are Mrs. Bedford Fenwick, President of the National Council of Trained Nurses of Great Britain and Ireland; Mrs. Walter Spencer, representing the Matrons' Council; Miss Cox Davies, President of the League of St. Bartholomew's Hospital Nurses; Miss Beatrice Cutler, its Hon. Secretary, who is also Vice-President of the Trained Women Nurses' Friendly Society; we understand that Miss Becher, Matron-in-Chief, Q.A.I.M.N.S., hopes to be present.

Amongst the flowers sent, a lovely wreath from the President and Members of the Matrons' Council, consisted of Cypripedium leaf, with a large cluster of Madame Chatenay roses and asparagus



MISS MAUDE A. BUCKINGHAM.

fern, and a smaller cluster of lilies of the valley and forget-me-nots, and another from the Society for State Registration.

## BOOK OF THE WEEK.

### "THE MONEY MAKER."

"Peace and plenty, peace and plenty," that was the phrase M. Jean Jacques Barbille, miller and money-master, applied to his home scene when he was at the height of his career. Both winter and summer the place had a look of content and comfort, even a kind of opulence. When Jean Jacques' father died, and he came into his own he found himself at thirty a man of substance and unmarried—"who could have had the pick of the province." This was what the Curé said in despair, when Jean Jacques did the incomprehensible thing and married *L'Espagnole*, or "the Spanische," as the lady was always called in the English of the habitant.

Carmen was an adventuress, or perhaps it would be fairer to say she was the daughter of an adventurer, she herself had been a lady's maid. Jean Jacques met her on the boat on his return journey to Quebec.

"She had a wonderful skin, a smooth, velvety cheek, where faint roses came and went; and eh, she was grandly tall—so Jean Jacques thought—while he drew himself up to his full five feet, six and a half, with a determined air. Even at his best, however, Jean Jacques could not reach within three inches of her height."

"*Moi—je suis M'sieu Jean Jacques, philosophe.*" Poor man, his philosophy was sorely tried! His marriage was not a success, but he remained loyal to his beautiful wife.

The Curé ventured to speak to him of Carmen's neglect of her religious duties and he received a rebuff. Jean Jacques did it in good style for a man who had had no particular training in the social arts. This is how he did it and what he said:—

"There have been times when I myself have thought it would be a good thing to rest from the duties of a Catholic, m'sieu le curé."

"No Catholic should speak like that," said the shocked priest.

"What do you know of the reasons of the abstentions of madame? She has a mind that can judge for itself. I have a body that is always going, and it gets too little rest, and that keeps my soul in a flutter too. It must be always getting to mass and getting to confession and saying *aves* and doing penance; it is such a busy little soul of mine; but we are not all alike and madame's body goes in a more stately way. I am like a comet, she is like the sun—steady, steady; round and round, with plenty of sleep and the comfortable darkness. Sometimes madame goes hard; so does the sun in

summer—shines, shines, like a furnace; so it is with the human soul—I think the soul goes hard as well as the body,—churning, churning away in the heat of the sun; and then it gets quiet and goes to sleep in the cloudy day when the body is sick of its bouncing, and it has a rest—the soul has a rest which is good for it, m'sieu. . . . Besides, the soul of madame is her own. I have not made claim upon it, and I will not expect you to do more, m'sieu le curé."

Loyal Jean Jacques! The above extract is wonderfully appealing, and we regret that it is impossible to give the whole passage.

Carmen left Jean Jacques for another, and his daughter Zoe fled with the man of her choice, and Jean Jacques' mill was burned to the ground and his sole remaining six thousand francs were stolen by Carmen's worthless father.

Even the care of Zoe's motherless child is denied him.

"*Moi—je suis philosophe,*" he said gently, and opened the door and stepped forth into the frozen world. Poor Jean Jacques, it was not fair, H. H.

## A LITTLE BOOK OF QUIET.

Here hath God pined and bled  
That I might make my bed  
More softly and secure.

For here His brow was torn  
With the black crown of thorn  
That all my thoughts might be  
Set upon purity.

Here stretched His either arm  
So He might wile and charm  
Back to His dear embrace  
All the lost human race.

Here were His healing hands  
Held down by cruel bands;  
Alas! my every sin  
Driveth new nails therein!

—From "*The Tree*," by Dorothy  
Frances Gurney.

## COMING EVENTS.

December 13th.—City Red Cross Hospital, Finsbury Square, E.C. Reception by the Lady Mayoress (President) and the Committee. 4 p.m.

December 15th.—Central Midwives Board Examination, London and Liverpool. The Oral Examination follows in a few days.

December 16th and 17th.—Central Midwives Board. Penal cases. Caxton House, Westminster, S.W. 11 a.m.

## A WORD FOR THE WEEK.

Our life is but a little holding, lent  
To do a mighty labour—we are one  
With heaven and the stars when it is spent  
To serve God's aim, else die we with the sun.

—Meredith.

\* By Gilbert Parker. Hutchinson & Co., Paternoster Row.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## THE GIST OF THE WHOLE MATTER.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—Miss Wortabet's last letter is curiously illogical. Does she suppose the medical officer and his male orderly have no sense of "righteous indignation" or is their standard of humanity higher than that of the female nurse? To be quite logical Miss Wortabet should advocate the wounded Germans—as victims of our righteous indignation—being left on the battlefield. Why should the unfortunate doctor and his male assistant outrage their proper feeling of loathing by touching them, if their colleague—the nurse—is to be spared? Is female nursing a kind of treat reserved only for meritorious cases?

Yours faithfully,

M. MOLLETT.

Rose Cottage,  
Three Cross, Dorset.

## PROTECTION OF OUR PROFESSIONAL CLOTH.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—How are we to protect what we have not got, or rather what we have got in so many different devices? There are hundreds of different nurses' uniforms, and if only one can be safeguarded, which is it to be?

What we trained nurses really need is legal status, to get our Registration Bill through, and then we could select a "Registered Nurses' Uniform" with badge, and protect that, that would give us real and not simply sumptuary classification. Nothing can really be effective so long as we are deprived of professional status.

Yours truly,

LOGICAL.

## THE TREATMENT OF TETANUS BY CARBOLIC ACID INJECTIONS.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM, IN THE BRITISH JOURNAL OF NURSING this week you mention carbolie acid as being used now for tetanus. The following case might be interesting. Two years ago a patient was admitted to us nine days after an accident. Shortly after admission symptoms of tetanus developed. He had one injection only of anti-tetanus serum, followed by carbolie acid (1 in 20) 20 mins. hypodermic injections 4-hourly.

He was unconscious for over five weeks, and during that time taxed all our efforts to the uttermost. He, however, made a very good recovery, and is to-day serving King and country at the Dardanelles.

L. M. MILFORD (Matron).

P.S.—Your paper, which I take weekly, is very helpful. As this is a Cottage Hospital, it helps one to keep in touch with the nursing world.

## THE PSYCHIC PRINCIPLE IN NURSING INFANTS.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I was very interested in the paper by Miss Lester published in last week's journal on the above subject. I think every midwife who has any instinct for caring for babies will entirely agree with the views expressed by her. Do we not all know midwives and nurses with whom babies are happy at once, into whose arms they nestle and fall asleep contentedly, while there are others who may be skilful and conscientious, with whom babies never really thrive, because they have not got the mothering faculty, and probably never will have it even if they have children of their own? To make the patient comfortable is the basis of good nursing, and to make the baby content and happy, to surround it with an atmosphere of content, should be the aim of every children's nurse and midwife. We all know women made for the part. We all know others who, however satisfactory and even brilliant they may be as nurses of adults, will never make satisfactory children's nurses. The baby is a discriminating scrap, and his discernment is seldom at fault.

Yours faithfully,

A MIDWIFE OF MANY YEARS' STANDING.

## REPLIES TO CORRESPONDENTS.

H. E. B.—Write to the Secretary Trained Nurses' Annuity Fund for Disabled Nurses, 73, Cheapside, E.C., which grants annuities to disabled trained nurses of at least ten years' service, and at least 40 years of age. The nurse is required to make a contribution before receiving the annuity.

## FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed by arrangement with the Hon. Secretary, 431, Oxford Street, London, W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, December 10th, and Monday, December 13th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing is an additional advantage, also a knowledge of French.

## OUR PRIZE COMPETITIONS.

December 18th.—What is meant by (a) public hygiene; (b) personal hygiene; (c) mental hygiene; (d) sanitation?

December 25th.—(a) Name three diseases requiring special diet; (b) give proper menu for a meal for each disease.

## OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

# The Midwife.

## THE LONDON COUNTY COUNCIL AND MIDWIFERY.

### THE C.M.B. RULES.

The Midwives' Act Committee has reported to the London County Council that the Central Midwives Board has intimated that it proposes to revise the existing code of rules which will expire on June 30th, 1916, and has asked to be informed of any alteration in the rules which the Council may consider desirable. The Committee has, accordingly, drafted a series of amendments. Some of these are, we consider, an improvement; but we think undesirable the amendment proposed to the clause of Rule E1, which at present runs, "When attending to her patients, she must wear a clean dress of washable material that can be boiled, such as linen, cotton, &c., and over it a clean washable apron or overall." Under this rule, the duty is laid upon the midwife of attending her patients in a clean washing dress.

The paragraph which the Midwives' Committee propose to substitute for the foregoing is: "The midwife shall be provided with at least one clean dress of washable material that can be boiled, such as linen, cotton, &c., with a clean washable apron or overall, and when attending her patients must wear such dress and apron or overall." The Committee give no indication of how this rule is to be complied with, when the one washable dress which it suggests as the minimum is in the washtub.

### PRACTICE OF MIDWIFERY BY UNCERTIFIED PERSON.

The Committee further reported that they recently instituted proceedings against a woman (1) for unlawfully using a description implying that she was certified under the Midwives Act; and (2) for practising as a midwife contrary to the provisions of the Act. The magistrate imposed a fine of £5 on the first count and £10 on the second, or in default one month's imprisonment on each summons. The evidence disclosed the following facts:—In October last the defendant told one of the Council's inspectors that she had a working arrangement with two doctors that they should attend confinements should their services be required for a fee of half a guinea in each case. One of these doctors, in cross examination, made the following admissions: That he had a working agreement with the woman, which was made by word of mouth, that he should be called in when his services were required, that his fee was 10s. 6d. for one visit; that he signed the notification of birth for the Registrar; that his ordinary fee for attending confinements was one guinea or two guineas when he visited eight to ten times; that he had accepted the woman's money to the child being that of the alleged mother;

that he knew the woman was not a certified midwife; that he seldom arrived until after the birth of the child; that he kept no books and could not say how many fees of 10s. 6d. he had received, neither had he any particulars as to the cases he attended; and that he could not give the names of any cases in which he had arrived before the birth of the child, although he lived near the defendant's house. The Committee are of opinion that the matter is one to which the attention of the General Medical Council should be directed, and recommended that the attention of the General Medical Council be directed to the evidence given by a medical practitioner at the hearing of a case against an uncertified woman practising midwifery in the County of London.

### INSPECTION OF LYING-IN HOMES.

The Public Control Committee of the L.C.C. have made the following recommendations:

That Dr. Elizabeth Macrory, Dr. Mary A. Pilliet and Mr. H. A. Jury, inspectors in the public health department, Mr. E. C. Browne, Mr. J. Court, Miss I. G. Smith, Miss F. E. H. Marshall, Miss A. M. Bell, Miss M. D. Drieselman, Miss M. J. Phillips, Miss E. O'Donnell, Miss M. M. Keohane, Miss M. E. Lockington, Miss E. A. Addison, and Miss E. S. Stone, inspectors in the public control departments, be authorised in pursuance of section 18 of the London County Council (General Powers) Act, 1915, to enter and inspect any premises used or believed to be used for the purposes of a lying-in home.

### QUEEN CHARLOTTE'S HOSPITAL.

At Queen Charlotte's Lying-in Hospital, over 1,800 poor women are admitted to the Wards every year, and over 2,200 others are attended and nursed in their own homes. Since the outbreak of War, the wives of soldiers and sailors and of Belgian and other refugees have been admitted to the benefits of the Hospital free of cost. Over 500 of such patients have been granted admission to the wards, and more than 900 have had the services of the Hospital Midwives and Nurses in their own homes. The income of the Hospital has suffered considerably during the War. Last year there was a deficiency of £1,497; and this year, unless further support can be obtained, it is feared that the deficiency will be even larger.

The Committee, therefore, make an earnest appeal for generous contributions, to enable them to continue the benefits of the Hospital to the large number of poor women needing its help. Subscriptions and donations may be sent to the Secretary, Mr. Arthur Watts, at the Hospital, Marylebone Road, N.W.

The work done by Queen Charlotte's Hospital,



both in training medical students and pupil midwives and nurses, has a world-wide reputation, and is deserving of all support.

#### THE MIDWIVES (SCOTLAND) BILL.

On Wednesday, December 1st, the Midwives' (Scotland) Bill, after having passed through Committee without amendment, was read a third time in the House of Commons.

#### DRUG HABITS IN SUCKLINGS.

Lichtenstein (*New York Medical Journal*, October 30th, 1915) as reported in the *British Medical Journal*, records the case of an infant under his care in a prison. The mother was 21 years of age; there was no history of any morbid condition, and the only relative with a drug habit was the husband, who had taken heroin and morphine for about a year. The child was born in a hospital, and when the mother returned home she was seized with abdominal pains. A friend gave her a sniff of a white powder, and she fell asleep. On awakening after a long slumber she vomited and was attacked with severe cramps. Yet she was persuaded to take another sniff, and she continued to inhale the powder till it became a confirmed habit. All the time that she inhaled the snuff she also nursed her infant. It slept for very long and when awake would curl up in cramps and cry until nursed. It desired to be nursed every hour. Whenever the mother felt the need of the drug heroin, which it appears was known to her as *yen yen*, the child would yawn and sneeze and perspire freely, cry, and suffer from cramps. It was subject to diarrhoea. The supply of milk never failed when the mother was taking the heroin, although it is generally taught that opium and its derivatives lessen the amount of milk. After seven months the mother was not able to get any heroin, and so began to use morphine hypodermically. Then the milk excretion steadily diminished, so that she had to nurse the infant more frequently. When arrested and imprisoned the mother's mammary glands were small, and little milk was excreted. The catamenia, completely suspended during the eight months that she took the drugs, returned two days after they were withdrawn. Lichtenstein also reports another instance in his experience in which an infant 16 months of age had contracted, so to speak, the drug habit in lactation. It was very anæmic, yet not emaciated, the pupils were contracted to a pin-point diameter and did not react to light. It slept all the afternoon and night, and next day had strong cramps and sweated profusely. The author felt obliged to administer paregoric. Then the child was fed by the bottle, but the mother nursed it every twenty-four hours, preferably at night. The infant took three times daily a minim of tincture of nuxvomica and five of camphorated tincture of opium to the drachm. At the end of four days the child seemed more cheerful and the cramps had ceased. Castor oil, 2 drachms, was given on the first and third night.

#### MILK AND ARTIFICIAL FOODS.

The tenth lecture, under the auspices of the National Association for the Prevention of Infant Mortality, was delivered on December 7th, at the Royal Society of Medicine, 1, Wimpole Street, by W. G. Savage, Esq., M.D. (County Medical Officer of Health for Somersetshire).

His subject was "Milk and Artificial Foods."

He said that the subject ought to occupy at least a couple of lectures. In the time at his disposal, he would only deal with principles which should guide his audience in giving advice to others. Nothing was so disastrous as technical knowledge without a full knowledge of corresponding principle. He then proceeded to deal with the essential difference between cows' and human milk, pointing out that in the protein of the former lay the great difficulty of substituting it for breast feeding. After dealing with the salient chemical difficulties, he said there was that fine subtle physiological difference which some doctors laid great stress upon—the difference in the product of the mother and the cow.

A far more important difference, however, existed as regards bacteria. Human milk was sterile and passed direct to the infant.

This was, of course, not the case with cows' milk. The cow was a dirty animal, its buttocks and udder often coated with dung. He had himself seen a man come direct from carting dung to milk without washing his hands. He would welcome the return of milkmaids, as they were more cleanly than the men. Other sources of danger lay in the cow itself. Dr. Savage said he had investigated 600 cases of inflammatory sore throat which were directly traced to the cow. Putting it at a low figure, ten per cent. of milk samples contain the tubercle bacillus. Further dangers lay in the transport, and one had only to examine the milk cans at any railway station to see that they frequently had holes in them which admitted contamination. They were supposed by the farmer to be necessary for the preservation of the milk, but this was not the case.

Dealing with the methods of obviating these dangers, the lecturer said that he himself preferred that of bringing the milk to the foil.

Of modified milks, the dried milk was the most satisfactory, especially that which was dealt with by the vacuum process. Of course, its value depended on the quality of the milk it was prepared from. The advantages were that it was sterile or nearly so, was easily kept and more digestible, and, as a rule, not more expensive than fresh milk. It was easy of distribution and was much used at infants' depots. He believed that there was a big future before it.

Condensed milk was prepared by a process which evaporated the water. Its advantages were that in the unopened tin it was sterile, and that it was easy for the mother to use.

The milk once opened was a convenient vehicle for bacteria, and it was easy to imagine that dust, flies, &c., in a poor home, and the warm atmosphere favoured their production.

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## EDITORIAL.

### CHRISTMAS IN WAR TIME.

Christmas in War time. The very words are a contradiction. The essence of the Christmas message is peace and good will, the very crown and centre of the picture is the Prince of Peace. What wonder then that we are turning over in our minds in what manner we can possibly reconcile the two things—Christmas and War.

A great deal is heard of "Christmas as usual." As if it could be as usual, when there are few homes on which the shadow has not fallen, and many where the light is forever eclipsed in this world.

No, it can't be as usual, that is very clear.

If our own home has been spared so far—we cannot turn a deaf ear to the deep sighing of the nation. Surely, the Festival this year makes a special appeal to us, to try to learn, if we have never learned it before, the beautiful lesson of unselfishness.

Some of us who can look back on many a Christmas spent in hospital, have to confess that since those days it has never had quite the same flavour. We ask ourselves why?

From the close of the very early service, perhaps at 5 a.m., to the moment when we crept to bed, with aching feet, we had not known a moment we could call our own. Our letters lay unopened on our desk. We had not been able to join the multitudes singing the Christmas hymns in Church. As for time-honoured dinner of turkey and plum pudding, it was not to be thought of for the nursing staff till some later date.

Yet those were the happiest Christmasses we ever knew. The reason is not far to seek. We had no time for self.

Here, surely, is the solution of the problem of a War Christmas. With the raging of the nations and its consequent calamity on all sides, this is no year for personal self-indul-

ence, and if we seek it we shall indeed find the Christmas fare as the Apples of Sodom between our teeth.

Let us seem to have struck a depressing note, we affirm most emphatically that we are not downhearted in our outlook. Happy those whose duty lies in ministering to the sick. There is Tommy, bless him, to be nursed back to health. On Christmas Day he must be made to forget the thunder of the guns, and the misery of the trenches. We must be the sunshine to his poor blind eyes, the prop of his once splendid physique. We must give ourselves wholly to the task of seeing that he does not look back into the horror, or forward to his maimed future. Christmas Day must be happy for him, as happy as our power of sympathy can make it. We, whose own hearts are perhaps sore with loss, shall find our consolation in seeing him united once more to his friends.

Further there are the prisoners in the enemy's hands. What are we doing about them? It is quite impossible that we can ever repay them for their heroic work. We are their debtors always. But have we insured that at least one prisoner shall have a parcel during the Christmas season? There are few who cannot do that, and it would mean much to some lonely man, for beyond the intrinsic value of the gift, it carries the assurance of remembrance.

And then, our little sick children. No one would wish them to be deprived for one single year of Santa Claus coming down the chimney. While their delighted laughter rings through the ward, Daddy is perhaps lying cold and stiff on the battlefield. Let them laugh while they may. Next year they will be back in their squalid homes, and the "Christmas when I was in the 'orspital," only a lovely memory.

Carlyle furnishes us with our Christmas motto for this year: "Man can do without happiness, and find instead thereof blessedness."

## A SEVERE CASE OF DYSENTERY.

(Abridged.)

The care of cases of dysentery rarely comes within the scope of nurses working in temperate regions, and many of those nursing our sailors and soldiers in Egypt, Malta, on hospital ships, and elsewhere, as well as the less acute cases at home, are caring for patients suffering from this disease for the first time. The following record of a severe case of dysentery treated with antidyenteric serum (Lister's), contributed by Lieut. C. de Chanval Pellier, R.A.M.C., H.M.H.S. "Salta," in the *St. Bartholomew's Hospital Journal*, is therefore of considerable interest.

Lieut. Chanval Pellier writes:—

"The case described below is one of severe dysentery, similar to many others to be seen on every trip which our hospital ships make from Gallipoli, but I have selected this case to write a few notes on because it is so very typical of the disease as we see it out here.

Private E—, æt. 20, R.A.M.C., admitted to this ship on October 21st as a stretcher case. Attached to him was a label stating that he had dysentery, that temperature was 102° F., and that he had been given emetine, gr.  $\frac{3}{4}$ .

On admission the patient was very blue, cold, and collapsed, and was treated at once with hot bottles, blankets, and a hot drink. He gradually became warmer and less collapsed, but his pulse still continued to be very weak.

On the morning of the 22nd he presented the typical picture of a severe case of dysentery, and the stools were very frequent, and consisted of blood and slime.

I gave him a hypodermic injection of R emetine, gr. ss+liq. strychnine *miv*. In the evening I again gave him an injection of R emetine, gr. ss, followed later by morph., gr.  $\frac{1}{4}$ , administered hypodermically.

The stools now contained much less blood, and were of a green colour.

October 23rd.—The patient had obviously lost ground. The pulse was very weak and uncountable, the breathing gasping and irregular, and he was unable to move himself in the bed. He looked thoroughly toxic.

I gave him 20 c.c. of Lister's antidyenteric serum at 10 a.m., and, as his pulse was very bad, at 2 p.m. strychnine, gr.  $\frac{1}{16}$ . There was some improvement in his pulse after this was injected.

The patient remained in a profoundly collapsed condition for the next twenty-four hours, passing urine and faeces unconsciously, and it

became increasingly difficult to get him to take nourishment.

October 24th.—The morning temperature was 97.4° F., but the stools, though still passed unconsciously, contained less blood.

In the evening of the 24th the patient's temperature rose to 100.2° F., and from this time his condition gradually improved.

With regard to the further treatment of this case, the patient was given morphia, gr.  $\frac{1}{4}$ , each evening to relieve his pain and to obtain sleep.

The feeding of the patient from October 22nd to 26th consisted of small quantities of albumin water, egg-flip, jelly, brandy, and champagne, given every two hours.

On the 27th I placed him on a milk diet, but still continued the stimulants.

The patient was landed at the base on the afternoon of October 28th, and though he still had a good deal of diarrhoea, he was steadily gaining strength, and his general condition appeared to be improving."

After describing his routine method of treatment, the writer, adds:—

"In severe cases I give morphia hypodermically (gr.  $\frac{1}{4}$  to gr.  $\frac{1}{2}$ ) as required to relieve the pain, tenesmus, and strangury.

I am convinced that the morphia should be given early, and not as a last resource, when the patient is broken down and the heart is failing.

The effect of a single injection of morphia is very prolonged, and there is no need to repeat the dose until the pain returns with severity.

Other points to be observed in the treatment of these cases are:

(1) That they require all the fresh air that can be given them, and that they bear cold much better than a close, stuffy atmosphere.

(2) The necessity for scrupulous cleanliness—a very difficult task, especially when the patients are passing their stools involuntarily; the vitality of their tissues is so much lowered that they develop bedsores very readily. Packing is essential in these cases.

With regard to the feeding of these patients, one would naturally like to start these cases on a fresh milk diet—an absolutely impossible thing; so one is driven back on to working with as suitable a light diet as resources will allow—i.e., tinned milk, cereals, egg-flip, broths, with albumin water for the worst cases. Tea and cocoa are not well borne by them, but small doses of brandy and champagne can often be retained when it is impossible to get the patient to take anything else, and, as the disease is usually of short duration in its acute stage,

there can be no objection to the moderate use of stimulants.

Hot-water bottles are of great use, both to relieve pain and to combat the cold, collapsed condition."

## OUR PRIZE COMPETITION.

WHAT IS MEANT BY (a) PUBLIC HYGIENE,  
(b) PERSONAL HYGIENE, (c) MENTAL HYGIENE,  
(d) SANITATION ?

We have pleasure in awarding the prize this week to Miss Katie O'Sullivan, Nurses' Home, 4, Manor Road, Chatham.

### PRIZE PAPER.

(a) Public hygiene comprises the various measures that are taken for the preservation of the public health and the prevention and treatment of disease and crime.

These are chiefly :—The notification and isolation of infectious diseases, also vaccination and inoculation ; the isolation, control, and care of the certified insane and of convicted criminals ; the laws governing the behaviour of persons in public ; the public health, medical, nursing, and sanitary services ; the treatment of disease ; the registration of qualified medical practitioners ; the registration of births, deaths, and marriages ; the sanitary arrangements of public buildings, such as hospitals, schools, and prisons ; the laws relating to factories and workshops ; food and drugs ; the prevention of "overcrowding on space" and in buildings ; the providing of parks and open spaces in cities and towns ; the regulation of traffic, and all precautions taken for the safety of the travelling public ; the systems of drainage, sewerage, and pure water supply, fire brigades, &c. Many benevolent societies, such as the N.S.P.C.C. and the Royal Humane Society, may also be included.

(b) Personal hygiene includes general personal cleanliness, the wearing of clothing suitable to weather, occupation, age, and state of health ; the taking of sufficient and suitable exercise, rest, food and recreation ; general regularity of life, and taking ordinary precautions against disease.

(c) Mental hygiene is a subject that affords more freedom for individual thought, and ought to be well understood by nurses, for ours is a merciful work, and we are, ourselves, dependent on the justice and mercy of others.

The training in mental hygiene begins at an early age, when the infant is trained to habits of order and regularity, and later on, the child, to discipline, truthfulness, and obedience—and above all, charity. Gradually an understanding is gained of the principles of justice and honour.

As education proceeds, the various gifts and graces of mind are developed, and endeavours made to arrest every evil tendency.

While the more practical virtues are being instilled, the affections and emotions should not be forgotten, but encouraged and guided into the proper channels, and self-control taught—a training that will prove useful in the battle of life, for :—

"Love rules the Court, the camp, the grove,  
And men below, and Saints above."

Mental hygiene is the happy possession in greater or less degree of every sane person, and includes general cleanliness of mind, and the proper use of the powers of memory, understanding, and free will. The class of literature habitually read, the topics of conversation usually selected, and the places of amusement visited, play a large part in the formation of habits of mind.

Environment also is an important factor. Higher, nobler, and stronger qualities of mind are often found in great men and women in literature, art, and science. This is necessary for the common good :—

For just experience shows, on every soil,  
That those who think should govern those  
that toil.

Though the training and life of a nurse are conducive to mental hygiene, on the other hand, the absorbing nature of our work, and the lack of opportunity for much general social intercourse, have a tendency to make us self-centred—our patients, our profession, and ourselves looming so large in our horizon as to obscure other matters. Without injury to our work, we could endeavour to look at our own affairs from a more detached standpoint, and cultivate a wider knowledge of the subjects which interest others. By doing so, we would increase our own happiness and that of our friends, and add to the gaiety of nations.

Finally, a hygienic mind may be defined as a cultured mind, though the word "culture" has been somewhat misused.

(d) Sanitation is the application of sanitary science. For example, in the selection of a site and construction of a building, it can be applied to :—Aspect and elevation, influence of surrounding objects, soil, subsoil and drainage ; the materials used, the method of construction, preparation of and facilities for a supply of pure water, ventilation, lighting and heating, disposal of sewage and refuse.

The L.C.C. schools may be taken as an example of sanitary science (as it stands at present) applied both to the building and the after working.



Many appliances interesting to those who care for the progress of sanitary science may be seen at the Royal Sanitary Institute.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss Dora Vine, Miss Catherine Wright, Miss G. Wells, Miss P. Robinson.

We regret that Miss J. G. Gilchrist's admirable paper arrived too late for the competition.

#### QUESTION FOR NEXT WEEK.

(a) Name three diseases requiring special diet; (b) give proper menu for a meal for each disease.

### NURSING AND THE WAR.

M. Justin Godard, Under Secretary of State to the Medical Department, recently visited the Scottish Hospital in Paris, which is under the directorship of Dr. Bonnet. Originally the hospital was a private nursing home belonging to Dr. Bonnet, but on the outbreak of the war it was mobilised as a Red Cross Hospital. Formerly it was administered as a Canadian Hospital, but is now in the hands of the Scottish Committee of the Red Cross.

M. Godard visited the various wards of the hospital, and expressed himself as greatly struck with the excellent administration and control. Replying to Dr. Bonnet's speech of welcome, he said he insisted on the value of the work done by doctors and nurses in bringing back to health many victims of the present terrible war. The hospital was one of the many links by which the cause of the Allies was being indissolubly cemented. He paid an eloquent tribute to the gallantry and heroism of the Scots in the present struggle and to the many virtues with which they had made the history of Scotland illustrious. On behalf of the Scottish nurses a bouquet of flowers was presented to M. Godard by one of their number, Mrs. Frank Gray.

Very little news has come through from Serbia, but nurses are expected to arrive from the Near East any time, and several of the units are now on their way home.

A cable from Salonika states to the effect that the Gorton-Newnham unit, which was recently sent East with the French Expeditionary Force and has been located at Ghevghel, has been moved down to Salonika. This hospital, which is entirely under the French military authorities, is under the charge of Dr. Louise M'Iroy, of Glasgow.

Miss Mary C. Stewart has been appointed Matron of the Canadian Hospital, at Beachborough Park, Shorncliffe. Miss Stewart, who has a very charming and forceful personality,

was trained at the General Hospital, Toronto; and has held the position of Superintendent at the Henrotin Memorial Hospital, and of the Polyclinic Training School, Chicago. She has come over, on the invitation of Dr. Donald Armour, who is on the staff of the hospital, and knew her in America; and everyone who has met Miss Stewart will agree that the selection is a wise one.

Miss Vivian Tremaine, the Canadian Nurse who has the honour of being in attendance on the King, was in charge of the first Canadian Casualty Clearing Station when summoned to attend His Majesty. The hospital is installed in the jail at D'Artagnan, the scene of the imprisonment of the "Three Musketeers." Miss Tremaine is hoping to return there when she is no longer required by the King. Meanwhile, she is planning a huge bran pie for her "boys," full of gifts, to be divided on Christmas morning.

Mrs. Craven has been appointed Matron of the Urgency Cases Hospital, at Révigny. She was trained at the Warneford Hospital, Leamington. She has since held appointments at the Salop Infirmary, Shrewsbury; and has worked in Military Hospitals, in South Africa, Aldershot, and India.

Miss Hester Maclean, R.N., Matron-in-Chief of the New Zealand Army Nursing Service, writes: "You can't think how sorry I was to be unable to return to England after all, which I had been looking forward to seeing so much. However, the accounts of work here, in connection with supplying nursing staffs and supervising the arrangements in military hospitals and camps, seemed to call for my return within the time I was granted. Now we are to send 100 more nurses—50 in December, in the second New Zealand Hospital Ship, and 50 in January. This number, with those already over, and with the two staffs for hospital ships, will make over 300 nurses—a very fair number from a small place like New Zealand."

Lieut.-Col. A. W. Sheen, at present in command of the Welsh Hospital at Netley is to be in charge of the new Welsh General Hospital proceeding abroad, and a number of the staff, both medical officers and nurses will also be transferred to it. A Matron, Assistant Matron, Sisters, and Nurses are required for the new hospital, and will be appointed under the same conditions as other members of Queen Alexandra's Imperial Military Nursing Service Reserve. The selection will be made, in the first instance, by the Committee of the Welsh Hospital, who will forward names, for confirmation or otherwise, to the War Office. The hospital will proceed overseas some time in the New Year.

There will be several appointments for Nursing Sisters at the Welsh Hospital, Netley.

Particulars of these appointments will be found in our advertisement columns.

## FRENCH FLAG NURSING CORPS.

### THE NEW PRESIDENT.

Those who are acquainted with Mme. La Vicomtesse de la Panouse, the charming wife of the Military Attaché at the French Embassy in London will realise the good fortune of the Committee of the French Flag Nursing Corps in securing her as its President. Heart and soul devoted to the welfare of her beloved country, she holds in her hands, as President of the British Branch of the French Croix Rouge, the threads of many agencies for the relief both of the sick and wounded, of the refugees, and, as far as

see her, the method, charm, ability, and despatch with which she deals with all. Every member of the F.F.N.C. will be delighted to receive, through this journal, the portrait of Mme. de la Panouse, which we publish on this page.

A large department of the work at 9, Knightsbridge deals with stores and hospital comforts, which are sent to hospitals of the French Croix Rouge, and others near the front, and before she accepted the Presidency of the French Flag Nursing Corps the Vicomtesse was acquainted with its work, for she had despatched many things to hospitals in which the Sisters are working which have added greatly to the comfort of the patients, and eased the work of the little band of



MME. LA VICOMTESSE DE LA PANOUSE,  
PRESIDENT OF THE FRENCH FLAG NURSING CORPS.

possible, of all who, in this devastating war, are suffering and in distress. The fine organisation of the British Branch, which helps equally the three societies of the French Red Cross, of which she is the life and soul, is proof of her ability, zeal, and sympathy.

To see Mme. de la Panouse in her office at headquarters at No. 9, Knightsbridge, S.W., with her staff of courteous and able assistants, amongst whom must be mentioned her own daughter, is to realise something of the amount of work she accomplishes, and notwithstanding the numerous people, on the most diverse errands, waiting to

British Sisters working in French Military Hospitals close to the firing line, where equipment and comforts are often scanty, and yet, from the class of cases received, no hospitals stand in greater need of a sufficiency of both.

Mme. de la Panouse states that she has received many charming letters of thanks from F.F.N.C. Sisters for the help thus sent, and mentioned emphatically that the work of the nurses of the Corps is even more far-reaching than the care of the sick and wounded, invaluable though that is, for they are helping to consolidate the good relations which bind French and English, and to

strengthen the *Entente Cordiale* between this country and her Ally.

Not only does the Vicomtesse receive letters from the nurses, but she has had many also from grateful patients. One writing from the Hôpital Temporaire at Besançon sends the warmest thanks of the patients for a beautiful box of chocolates, and a packet of tea, and says that they are very touched that this was a gift from three children, and very appreciative of this delicate attention from "these dear little Allies." He asks that these generous children may be told that those for whom he is writing have, with himself contracted their illness (purulent infectious pleurisy) on the damp and cold ground, that they suffer much, and that they eat their *pralines* in the night, when they find the time long, and think of those who procured them for them. He goes on to express the gratitude of himself and his colleagues to his benefactress, and assures her of their constantly increasing attachment for their friends and Allies the English.

Truly if the work of the Vicomtesse is arduous it has its recompenses. It is a happy thing that in her person, the British Branch of the French Red Cross and the French Flag Nursing Corps, should be so closely united.

A public meeting was held in honour of the late Miss Edith Cavell at the Athenæum, Bordeaux, on December 4th, the birthday of the murdered nurse. It was, we hear, a very impressive ceremony. Places of honour were occupied on the platform by M. Bascon, *Préfet de la Gironde*, M. Gruet, the Mayor of Bordeaux, the English, Serbian and Belgian Consuls, M. Baylet, the President of the Fédération Girondin de la Ligue des Droits de l'homme, and many other public men.

Miss Gregory, the Matron of Talence Hospital, and 34 of the Sisters of the F.F.N.C. attended by special invitation. They wore the outdoor cloaks with caps and white gloves, and, we hear, made a striking and "correct" effect. The military authorities conveyed the Sisters to and from Bordeaux in three large motor-cars, and they were welcomed at the Grand Amphitheatre by the organiser of the meeting, and conducted to seats by the platform, some of the Sisters sitting behind the Chairman on the platform, and after the eloquent speeches, of which the first part of the programme consisted, and in which M. Baylet rendered homage to the devotion of British nurses, they were invited to take the collection, which they did, thus obtaining £20, which was given to the Serbian Consul for the Serbian Relief Fund.

The Sisters were then invited to ascend the platform in a body and sing "God Save the King," which they did with great effect, the audience rising and heartily supporting our National Anthem.

The second part of the programme consisted of recitations of poems, composed in honour of Miss Cavell, and some exquisite music.

At the termination of the splendid ceremony Miss Gregory thanked M. Baylet for his enthusiastic praise of British nurses, and women, to which he gallantly replied, "*J'ai dit ce que j'en pense.*"

Dr. Anna Hamilton, with some of her highly trained French nurses, was present, also the Matron, and some of the nursing staff of the Tondou Hospital. Both ladies are engaged in work of national importance in training well-educated French women as nurses on Florence Nightingale's system.

The following Sisters will leave London for France on Friday, 17th inst., unless some new regulation prevents their departure:—Miss N. B. Hodgson, cert. St. Bartholomew's Hospital, and Miss B. M. Westermann, cert. East Sussex Hospital, Hastings.

In reply to Miss Grace Ellison's appeal in the *Observer*, magnificent supplies have been received from the St. Marylebone War Hospital Supply Dept., by special direction of Her Royal Highness Princess Henry of Battenberg; from Mrs. Sharp of the Anaesthetics' Emergency Fund to large cases containing upwards of £50 worth of drugs and dressings; a hundred pairs of slippers and soft shoes from Mrs. Alfred Paine, of Bedford; and most welcome gifts from a number of kind people of "woolies," shirts and other clothing, of which we shall print a list next week. Thanks to the Croix Rouge Française, it is hoped to dispatch these valuable gifts to France at an early date.

Miss Ellison spent a few days in Liverpool last week, and during her visit spoke at several meetings and aroused much interest in the work of the F.F.N.C. The Rev. T. W. Martin was most kind in arranging the meeting at the Crosby Civic League at short notice, and in spite of bad weather a collection of £9 7s. 6d. was taken and promises of goods in kind for the French patients were made. The French Consul at Liverpool wrote, expressing his regret at not being able to attend.

A drawing-room meeting was also arranged by Mrs. Scroggie (sister of Miss Haswell, the Matron-in-Chief). Many of Miss Haswell's old friends came to hear Miss Ellison's account of the work, and a collection of £12 was taken; one of the ladies present offered a feather bed, to make pillows for the wounded; and Mrs. Scroggie is sending consignments of warm garments to France.

A collection was taken by the Rev. S. R. Jenkins at the Seaforth Brotherhood £3, mostly in pennies, was the result; and Mrs. S. R. Jenkins (Miss Ellison's sister), collected £9 15s. 0d. towards the F.F.N.C. funds—so that people have only to be told of the good work to prove by their generous contributions how much they sympathise with it.

## QUEEN'S NURSES AND THE WAR.

At a meeting of the Council of Queen Victoria's Jubilee Institute for Nurses on December 8th, held at 58, Victoria Street, S.W., it was reported that 557 Queen's Nurses were away on duty connected with the war. In many instances the associations were working with a smaller staff, and many non-Queen's nurses were being employed temporarily.

Accommodation at the Bryn-y-Menai Home had been offered to a certain number of nurses who had been undertaking war duty, as it was felt they would much appreciate rest in these beautiful surroundings and bracing sea air.

Long service badges denoting twenty-one years' service as Queen's Nurses were awarded to Queen's Nurse Janet Dickie (Barrhead), and Queen's Nurse Sarah E. Crews (Shotley Bridge).

It is with great pleasure that we publish the accompanying picture of Miss Sarah E. Crews. The more we observe the work of Queen's Nurses, the more we appreciate and admire it, and a record of twenty-one years' devoted service to the sick poor in their own homes is one to be proud of. We congratulate Miss Crews on this well-deserved honour.

We are sorry to learn that the work of Queen's Nurses in Brighton is seriously imperilled by the serious financial position with which the local Association is at present faced, and the suspension of work in some districts is seriously considered. This would be a tragedy indeed, and we hope that the appeal made in the press by the Mayors of Brighton and Hove will bear fruit. Brighton could finance the work many times over, and still have enough and to spare. There is a suggestion of a "Flag Day," on which "many of the poorer classes would be willing to give their mite." The poor we know are ever generous, but the rich in Brighton are not yet at the end of their resources.

## OVERSEAS NURSES AT THE LYCEUM CLUB.

The tea party given at the Lyceum Club, 128, Piccadilly, W., to "Overseas Nurses" on Tuesday last was a great success. Australians, New Zealanders, and Canadians came from the Australian Hospital, Harefield Park, near Uxbridge, the New Zealand War Contingent Hospital at Walton-on-Thames, the Canadian Nurses' Convalescent and Rest Home in Cheyne Place, Chelsea, and elsewhere, as well as nurses engaged in war work, at the 5th London General Hospital (T.F.) at St. Thomas' Hospital, and the Westminster Hospital. The military uniforms of the

Australians and Canadians were greatly admired by members of the Club, who were present to meet them. These included Mrs. Bedford Fenwick (chair), Miss McLeod Moore, and others.

The guests were received by Mrs. Yorke Trotter, who was a charming hostess, in the Club dining-room, where tea was spread at a number of separate tables. The effect was excellent. The tables were decorated with variegated and berried holly; and bright red crackers lay on the white iced cakes, and about the tables. On a table by itself was a splendid sugared cake, which when cut revealed a depth of almond icing.

It really looked too pretty to cut, lighted up by pink wax candles, and decorated with great skill, golden sovereigns, and miniature playing cards, forming part of the scheme. On arrival, each guest was given a rod for fishing in a "pond" for packages, which contained dainty housewives, lavender bags, Turkish delight, and other desirable things.

Mr. Charles Irving sang delightfully "Mother o' Mine" and other songs, and Miss Sylvia Greenwood caused great amusement by her clever recitation, "The Bald Headed Man," and other sketches, and also by the little comedy, "The Interviewer," which she played with Miss Anne Schlesser.



MISS SARAH E. CREWS.



## CARE OF THE WOUNDED.

The City Red Cross Hospital in Finsbury Square, E.C., has been occupied by patients for some seven weeks and we have already given a description of it in these columns, but the formal opening took place on Monday last, when the Lady Mayoress, accompanied by the Lord Mayor received the guests, and Mr. Richard Davies, chairman of the Branch gave a brief history of the establishment of the hospital. The Lord Mayor responding to a vote of thanks, spoke of the expedition and thoroughness with which the hospital had been equipped and opened.

It was essentially a city gathering, invitations having been issued to the Court of Aldermen, Deputies, Chairmen of Committees, donors, Commandants and Quarter Masters of every division, and the honorary staff. Dr. Kenneth Scott is the Medical Administrator and the Civil Administrators are Mr. E. G. Davies, and the Hon. Secretary of the City of London Branch of the British Red Cross, Miss N. C. Goodhue.

There is no Commandant, the hospital being run on military lines, and attached to No. 5 General Hospital (I. F.) at St. Thomas' Hospital.

The Matron is Miss Henrietta Ellis, formerly a Sister at the Royal Infirmary, Leicester, and Matron of the Sister Dora Hospital, Milford. Very pleased

she was to show the hospital to visitors. The kitchens (with Mrs. Thrift in charge), the orderly linen rooms, the pack stores, &c. Most of the patients were well enough to be up, and were cheery and optimistic, as the British soldier always is. One man, who had lost his right foot, remarked, "there are many others worse off than me."

The recreation and billiard rooms are a great advantage and are evidently fully appreciated. The trained nurses are supplied by the Trained Nurses' Institution in Devonshire Square, E.C. Amongst the patients are a good many Colonials.

A hospital for sick and wounded soldiers has been established at Blackmore End, Kimpton, Herts, generously lent for the purpose by the owner, Mrs. Vincent, of Blackmore End and 35, Portman Square. The funds to cover the cost of the equipment and maintenance of the hospital (to be known as the F.M.S. Hospital) have been provided by the public of the Federated Malay States, all classes of the community, Malay, Chinese, and Indian, as well as European, having contributed liberally. The hospital contains eighty beds, and is under the charge of Captain G. D. Freer, R.A.M.C. (I.), formerly Senior Medical Officer, Selangor. F.M.S. Mr. C. S.

Atkin, M.R.C.S., L.R.C.P. (London), is Resident Medical Officer, and Miss E. M. Willis, of the Royal Free Hospital, Gray's Inn Road, E.C., is Matron. The first forty-eight patients arrived at the hospital from France on the 3rd instant.



Mlle. EMILIENCE MOREAU.

It is with great pleasure that we are able, by the courtesy of the Editor of *The Gentlewoman* to publish the portrait of Mlle. Emilienne Moreau, the French heroine decorated with the Croix de Guerre for her courage, presence of mind, dignity before the enemy, and for her care of and devotion to French and British wounded in the battle before the town of Loos.

But this girl of eighteen is not only tender and pitiful. The face before us is resolute as well as

spiritual, and she has given evidence that if need arises she is not only absolutely fearless, but is capable of the sternest action.

The Hospital for Officers at 6, Grosvenor Place, S.W., is now open. The house has been lent by Sir George Albu for the period of the war.

The farmers of the Kingston-on-Thames district have arranged to give a Christmas tea and concert at Surbiton, on December 30th, to 100 soldier patients from the Kingston Infirmary and the local military and Red Cross hospitals.

## THE TREATMENT OF OUR PRISONERS AND WOUNDED IN GERMANY.

The article "How I escaped from Germany after thirteen months' Torture," by Private Sydney Jagers, published in the *Weekly Dispatch* on Sunday, is only corroborative evidence of what we knew would be the manner in which the savage treats those in his power. This story of marvellous pluck and endurance makes one realise how certainly we are going to win this war. Why? Because an army of the Jagers type is irresistible—they have the staying power, the humour and daring which moves mountains. Private Jagers was taken prisoner by the Germans with others at Gheluvelt: "We were all suffering from our wounds but in the eyes of the Germans we were quite well enough to march, and they refused to give us so much as a bandage.

"Every now and then a frenzy seemed to seize them, for they slashed at us with their whips and spat into our officers' faces, continually addressing us as 'English swine.' When they were not using their whips they were shaking their fists in our faces, at the same time exultantly singing, 'The day has come.' We were marched into Lille, carrying their packs, and if at times we lagged behind because of our wounds they prodded us with their bayonets. Finally we sat down in a square in the town outside the railway station.

"The news of our arrival reached some of the German soldiers who were in the estaminets, and they rushed out and signalled their joy at seeing us by aiming vigorous kicks at us and saluting us as 'English swine and Kitchener's dogs.' One of them came up to me and said, 'It looks as if you've had enough of it.' While we were in the square an English aeroplane came soaring over. Sympathetic Frenchwomen tried to give us bread, but our captors took it away from us and knocked the women over with their rifles. We sat in the square for about an hour, insulted all the time and continually being spat upon. To have protested meant being shot straight away. Then they said, 'English dogs, get up and march.'

"At the station we were put into cattle trucks strewn with dung. I shall never forget the day; it was October 31, 1914, the saddest day I ever hope to experience. We travelled night and day until the morning of the third day. The idea of giving us food never entered the heads of our captors. Every time the trucks rocked with the sudden application of the brakes those of us who were wounded suffered excruciating pain. We were shut in exactly like cattle, so that we could see nothing of the country through which we were passing, and all the ventilation we got came through chinks in the boards. At every big station we were told to get out and parade on the platform, to make sport for the German population, who quickly fell into the habit copied from our

captors of addressing us as English swine." Without food it was not until midnight of the fourth day that these prisoners arrived at their destination. Then followed torture of starvation, herded on straw, weeks without a change of clothes.

"A continual thinning process went on. We could see the chaps wasting away and dying from sheer starvation. Outside the barbed wire entanglements there was a graveyard where they buried the victims of kultur in rough black wooden boxes.

"It was wonderful under the circumstances how cheerful we kept. We used to sing 'Ours is a happy little home.' If it had not been for our natural good humour we would have gone stark raving mad.

"Some of our chaps were now in a pitiable condition. Their clothes, worn out, had literally dropped off their backs and they walked around like Turkish shiekhs with nothing on but their blankets. Our captors then thought it time to issue us some clothes. I remember once laughing at the amazing picture presented by a cheerful Irishman from Shigo whose clothes were in absolute tatters. Whenever we saw him we used to sing out 'Oh, you beautiful doll!' He looked exactly like a human goliwog."

It is not surprising that men who could joke under such circumstances could devise a means of escape and evade their brutal jailers.

Private Jagers ends this thrilling story with the significant words, "Thirteen months of captivity in Germany has left me with a feeling that we are fighting not men but brutes, with an inborn hatred for us so terrible as almost to be incredible in the twentieth century of civilisation. From what I know of them—and thirteen months is quite long enough to learn—if they beat us, God help us!"

There is no "if" in the case. We can leave our fate in the hands of men like Private Jagers—*men, body and soul.*

## MESSAGE FOR THE WOUNDED.

The present war has proved conclusively the great value of massage in the treatment of the wounded in many cases, and consequently nurses are increasingly realizing the desirability of obtaining a certificate in massage.

The Incorporated Society of Trained Masseuses as our readers know, holds two examinations yearly in London, and one in Dublin for massage. Over 500 of its certificate holders are now working in military and Red Cross Hospitals and convalescent camps; and to meet the demand for further workers, the Society has arranged to hold extra examinations, concerning which information may be obtained from the Secretary, at 157, Great Portland Street, W.

At St. Hilda's, 194, Marylebone Road, N.W., Mrs. Houghton Stewart, a teacher of recognized standing, assisted by qualified teachers, prepares pupils, who have the great advantage of hospital experience, for the I.S.T.M. examination.

## THE FIRST GRADUATE NURSE OF AMERICA.

The return of Miss A. E. Hulme and Miss Beatrice Kent, delegates of the National Council of Trained Nurses in this country to the International Council Meeting and Congress in San Francisco, has been awaited with expectancy by many of the members, who know well the invigorating and uplifting influence of our American colleagues, and of the mental atmosphere of that wonderful country.

Those who have already met our delegates, and heard something of their experiences, realize that they have enjoyed, to the full, their delightful experiences. The Congress, the hospitals and kindred institutions, the educational system, the beauties of the American Continent, from New York to San Francisco, from thence to Alaska, and back by Canada, all have aroused their enthusiasm. Indeed, Miss Kent declares that although she had been prepared beforehand to be delighted with her travels, "the half was not told her." She is ready and eager to share her enjoyment, so far as may be, with our readers, and we shall look forward to many interesting articles from her pen.

One of the most interesting of Miss Kent's

experiences, while staying at the Massachusetts General Hospital, Boston, as the guest of Miss Parsons, was a visit to Miss Linda Richards, America's first graduate nurse. As those who know their "History of Nursing" are aware, Miss Linda Richards began her professional career

more than forty years ago, and after undergoing training herself, acted as a pioneer in establishing nurse training schools in the various hospitals. She began her work in the New England Hospital for Women and Children, and in order to get a good insight into the hospital systems in this country, she crossed the Atlantic and worked for some months in the wards of St. Thomas' Hospital and King's College Hospital, London, and the Royal Infirmary, Edinburgh.

It will be remembered that Miss Richards was a pioneer not only in America, but in Japan, where she was sent by the American Board of Missions in 1885. She remained there for five years, and Japan owes much to her efforts in the training of Japanese women as nurses. In her home near Boston, where she now lives in retirement, Miss Richards is known by the honoured

title of Superintendent Emeritus. Certainly no one ever deserved the title better, for she has retired from active professional work, held in universal honour.



MISS LINDA RICHARDS.  
The first Graduate Nurse of America.

## APPOINTMENTS.

### MATRON.

The Tredegar Park Cottage Hospital, Tredegar, Monmouthshire.—Miss Katie Warburton has been appointed Matron. She was trained at the General Hospital, Birmingham, and was Matron at the Corbett Hospital, Stourbridge, and Matron at a private hospital, Newhall Street, Birmingham.

### SISTER-IN-CHARGE.

Royal Infirmary, Leicester.—Miss M. G. Matthews has been appointed Sister-in-Charge. She was trained at the Royal National Orthopaedic Hospital and at the School of Swedish Exercises, Portland Street, W., and has been Massage Sister at the Royal Victoria Hospital, Belfast. She is at present Massage Sister at the National Hospital, Queen Square, W., a member of the I.S.T.M., and a certificated medical Gymnast. She is also a trained and certificated nurse.

### THEATRE SISTER.

Maternity Hospital, Brownlow Hill, Liverpool.—Miss K. Bennett has been appointed Theatre Sister. She was trained at the Eastville Infirmary, Bristol, and has been District Sister at the Maternity Hospital, Liverpool, Superintendent Nurse at Newbury Infirmary, and Sister on War Service in Serbia with Mrs. Stobart's unit.

### SISTER.

Royal Victoria and West Hants Hospital, Bournemouth.—Miss B. Haines has been appointed Sister. She was trained at the East Sussex Hospital, and has been Staff Nurse at the County of London War Hospital, Epsom.

### NIGHT SUPERINTENDENT NURSE.

Blackburn Union.—Miss Isabella G. Mollison has been appointed Night Superintendent Nurse. She was trained at the Crumpsall Infirmary.

### CHARGE NURSE.

Blackburn Union.—Miss Bessie Roskell has been appointed Charge Nurse. She was trained at the Union Infirmary, Rochdale.

## THE KENSINGTON GARDENS SQUARE NURSES' CLUB.

Nurses coming up to London on business or pleasure often desire to know where they can stay in comfort, in congenial company, without going to an expensive hotel. At 56 and 57, Kensington Gardens Square, W., the Principal, Miss B. M. Cave, herself a trained nurse, spares no pains to ensure the comfort of her guests, whose needs she naturally understands. Kensington Gardens Square is near the tube, bus, and Underground lines, and therefore easily accessible. Those staying in the house can rely upon the personal interest of the Principal, and terms within the means of most nurses.

### WELCOME HELP.

The President of the Society for State Registration of Trained Nurses acknowledges with thanks donations of 9s. from Miss Daisy Ashley, Alexandria, and 3s. from Miss Evelyn Thompson.

## PRIZE GIVING AT THE BRISTOL GENERAL HOSPITAL.

On Thursday, in last week, the nurses' prize distribution took place at the Bristol General Hospital, when the chairman, Mr. Herbert Baker, presided, and the prizes were presented by Miss Lilian Wills, daughter of the President, Mr. G. A. Wills. The Chairman said that the whole nursing staff had done their work splendidly amid the changed circumstances brought about by the War. They had sent 30 of the nursing staff to the front, and more were preparing to go on military service. He took the opportunity of thanking the Matron, Miss Densham, Miss Coles, and the whole staff for their devotion to their work.

Miss Wills, in giving the prizes, said she was sure they would be thinking especially this Christmas of the nurses on duty at the front.

The prizes and certificates were awarded as follows:—

*Gold Medal for General Efficiency.*—Miss Laura Ayre.

*Certificates of Efficiency.*—Miss Elizabeth Newcombe, Miss A. Irene Burnard, Miss Beatrice M. Stoker.

*The Lottie Culverwell Memorial Prize* (presented by Mrs. Hosegood for general efficiency).—Miss Laura Ayre.

*Surgical Nursing.*—First prize, Miss Laura E. Bird; second prize, Miss Floriette R. Hills.

*Medical Nursing.*—First Prize, Miss Laura E. Bird; second prize, Miss Beatrice M. Stoker.

*Anatomy.*—First prize, Miss Evelina Kear; second prize, Miss Dorothy M. Houleaton.

*Physiology.*—First prize, Miss Medorah H. Palmer; second prize, Miss Sadie Cooper.

*Practical Nursing.*—First prize, Miss A. Winifred Morgan; second prize, Miss Helen Lilley.

## NATIONAL UNION OF TRAINED NURSES.

The following appointments have been made through the National Union of Trained Nurses:—

*Maternity and Medical Relief Expedition for Refugees in Russia.*—Preliminary Organiser, Miss Violette Thurstan (author of "Field Hospital and Flying Column"); Matron, Miss Roberts, Assistant Matron, Victoria Hospital, Tite Street, Chelsea; Sisters, Miss E. M. Cordner, Miss B. Denholm, Miss M. Joyce, Miss E. Wormald, Mrs. Armstrong.

*Rivets Military Hospital, Aylesbury.*—Miss L. Charles (Staff Nurse).

*Queen Mary's Hospital, Roehampton.*—Mrs. Crookshanks (Sister).

*Southwark, Newington and Woolwich Nursing Association.*—Miss E. Footitt (District Nurse).

*New Zealand Auxiliary Hospital, Walton-on-Thames.*—Miss J. M. Reid (Sister).

*New Hospital for Women, New Barnet.*—Miss J. Rowe (Staff Nurse).

*Harrow Red Cross Auxiliary Military Hospital.*—Miss M. Turner (Staff Nurse).

News has been received at the offices of the Union of Miss Thurstan's safe arrival at Bergen.



## NURSING ECHOES.

Miss Kent has brought home from Boston a beautiful photograph of the group of statuary illustrated on this page, which she intends to present to the National Council of Trained Nurses.

This group is a memorial to the women who cared for the sick and wounded in the heart-rending Civil War of 1861-1865, and stands in the entrance to the State House at Boston, Massachusetts. Sculptured in marble, the pose and expression of the figures is, we are

concerned with the publication of papers, are realizing the difficulties caused by shortness of labour, and increased cost of production, not to mention that members of the nursing profession are working at top speed. The League of St. John's House Nurses recently substituted a four-page leaflet for the autumn issue of the *Nurses*, and now we hear that publication of the paper of the Victoria and Bournemouth Nurses' League is suspended, and a quarterly leaflet is to be published instead.

We also regret to learn that the President, Miss Christina Forrest, to whose energy and initiative the formation of the League was due,



MONUMENT IN STATE HOUSE, BOSTON, U.S.A., IN HONOUR OF NURSES  
IN THE CIVIL WAR, 1861-1865.

told, sympathetic and extremely artistic. Those who have read American history know the bitterness of feeling which existed between the North and South at the time of the Civil War, and which will perhaps never be wholly eradicated. It is cause for rejoicing that the inspiration to honour the women who so nobly succoured the sick and wounded during that terrible time has resulted in a memorial in which the devoted women of North and South are jointly honoured.

The Nurses' Leagues, like all other societies

declined nomination at the recent annual meeting. No doubt Miss Forrest felt that it was now able to manage its own affairs, and that a change of President was expedient, but, none the less, it is an immense loss to the League, though her interest in its welfare will no doubt be as great as ever. At the recent meeting Miss Forrest was presented by the members with a very handsome silver gilt fountain pen.

Miss Curtis, who has gained an insight into the work of the League on the Executive, has been elected President.

## JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home hospitals:—

*Priory Military Hosp., Frimley, Surrey.*—Mrs. T. E. Elliott, Miss E. M. Dunne.

*Wilderness Hosp., Seal, Sevenoaks.*—Miss M. C. Ince.

*Yarrow Military Hosp., Broadstairs.*—Miss C. M. Harrison.

*V.A.D. Hosp., Strood, Kent.*—Mrs. L. Darley, Miss A. Garbutt, Miss M. A. McNinn.

*V.A.D. Hosp., Spondon, Derby.*—Miss M. H. B. Lockwood.

*Auxiliary Hosp., Te Hira, Hill Norton Road, Rugby.*—Mrs. K. M. Thomas.

*Temporary Hosp., Skinnergate, Darlington.*—Miss A. Alexander.

*St. John's Hosp., Holmesdale, Hastings.*—Miss J. Currie.

*Holeyn Hall, Wylam-on-Tyne.*—Miss L. Clarke. *High Rough Military Hosp., Farnham Lane, Haslemere.*—Miss K. Wigley.

*Murrell Hill Hosp., Carlisle.*—Mrs. M. E. Glen. *Red Cross Hosp., Penoyle, Brecon.*—Miss L. R. Harris.

*Conol Home, Woodstock Place, Golder's Green.*—Miss E. G. Hobbs.

*Red Cross Hosp., Cartrifle, Bridgend, Glam.*—Miss M. J. Hurst.

*Red Cross Hosp., Letheringsett, Holt, Norfolk.*—Miss B. Aldridge.

*Spalding Hall, Victoria Road, Hendon.*—Miss J. M. Dwyer.

*White Hall, Con. Home, Sawtry, Peterborough.*—Miss R. D'Arcy.

*Laversstoke Hosp., Whitchurch, Hants.*—Miss A. Gregory.

*V.A.D. Hosp. South Wingfield, Derbyshire.*—Miss A. J. Woodward.

*Red Cross Hosp., Highfield, Derbyshire.*—Mrs. Cox.

*Red Cross Hosp., Gloucester.*—Miss E. M. Dunne. *Red Cross Hosp., South Lincs.*—Miss D. Bullock.

*V.A.D. Hosp., Oswestry.*—Miss C. M. Rogers. *The Cecils, Manor Road, Worthing.*—Miss M. J. Leeds.

*Princess Christian Hosp., Englefield Green, Egham.*—Miss J. M. Campbell.

*V.A.D. Hosp., Etherley, Bishop Auckland.*—Miss E. Kilburn.

*V.A.D. Hosp., Westerham, Kent.*—Miss E. Lincoln.

*Parc Weir Auxiliary Hosp., Swansea.*—Miss M. K. Burton.

*Red Cross Hosp., Louth.*—Mrs. Leatherdale.

*V.A.D. Hosp., Whitchurch, Salop.*—Miss A. M. Reynolds.

Nurses sent abroad since December 6th by Anglo-French Committee:—Miss Catherine Marshall, City Infirmary, Birmingham; Miss E. Birley (masseuse), Swedish and Medical Hospital; Mrs. F. S. Slade, Guy's Hospital.

## SOME HOSPITALS I HAVE SEEN.

"I am never tired of going over hospitals." The remark was laughingly made by a prominent American nurse, and punctuated by such radiant exuberance that her hearers laughed too, but they knew she meant it, and that it was a real pleasure to her to watch the improvements and innovations in hospital management and equipment which mark the rapid progress that is being made in the medical and nursing professions in the present day. Many nurses share her taste for this form of inspection; there is a sort of insatiable greediness about us in this respect! We see *new things* in a new hospital. It makes its appeal to our imagination, and we want to see more new hospitals and more new things, because it always spells greater facilities for the alleviation of suffering. It has been my privilege to have been conducted over many hospitals on the American continent—both in Canada and the States—and my delight to see and to hear of all the latest improvements. I greatly regret that circumstances did not admit of my seeing the Mount Zion Hospital in San Francisco, which is said to be "the last word in hospital equipment." To write a detailed account of all the *Hôtels Dieu* that I have seen (how one loves that term, so beautifully suggestive of the sacred office of the care of the sick) would perhaps be superfluous, even monotonous. I will give rather a "collection of recollections," a kind of pot-pourri of impressions, in order not to weary my readers.

## CANADA.

## THE PROVINCIAL ROYAL JUBILEE HOSPITAL, VICTORIA, B.C.

Victoria has been a populous and prosperous city for many years. In every way worthy of being the capital of British Columbia. No, to be strictly truthful, I must qualify that statement. It is full of handsome buildings, but the one that should be the most beautiful, by virtue of its dedication, is of supreme ugliness! Christ Church Cathedral, a wooden structure, is a parody on architecture and a travesty of art, and—I am bold enough to affirm—a disgrace to the city. This is a digression, however.

As the title implies, the hospital, which stands in nineteen acres of ground, is not one of the most modern, but although structurally a little out of date, in management and equipment it leaves nothing to be desired. It is a small building containing only 125 beds, but it is to be replaced by a new and larger one after the War. The Lady Superintendent, Miss Jessie McKenzie, who kindly conducted us over it, is a woman of strong character but kindly nature. She is referred to by a local newspaper editor as one "who has revolutionised the interior economy of the hospital and placed it on a plane of popularity which it has not enjoyed for many years." She has a perfect horror of untrained nursing service for the wounded.

In July, when we talked with her, she told us that 545 graduate nurses had volunteered for war service, and that she had refused to give three months' training to any girl until the services of those 545 had been accepted. Both in the east and the west of the great Dominion, I have heard the same thing, namely, that none but *fully-trained* nurses, or, as they say everywhere on the American continent, *graduate* nurses, are allowed to go to the Front under the auspices of the Canadian Red Cross Society. One requires to go to Canada, in order to know *fully* how nobly she is taking her share in this unprecedented war. She has already sent out three fully equipped Base hospitals, with personnel, from: 1, *The Province of British Columbia*; 2, *The Magill University*; 3, *The Toronto University*; and

of Alaska in the great North-west; and yet, in a most unexpected way, within the same month that I visited the Provincial Royal Jubilee Hospital, I found myself thanks, to steam navigation, being conducted over

#### ST. ANNE'S HOSPITAL, JUNEAU,

which is about eight hundred miles further north!

"Would you like to see the hospital?" We had landed, and were strolling about aimlessly, enjoying the warm, sweet evening air, and the beauty of the quaint little town lying snugly at the foot of a great guardian mountain. "Very much," we replied, to a group of ladies—some of them our fellow-passengers—who met us. One of them was known to the Mother Superior, and promised us a welcome permission, although



JUNEAU, ALASKA.

now, the *Province of Ontario* is making preparations to send out another.

The "sun room" or "sun parlour" is quite a feature of all hospitals (as far as I have seen) on the American continent. It is a glass-enclosed verandah, to be closed or opened according to weather conditions; its twofold purpose being to afford the maximum of sun and air. It is regarded as part of the necessary structure of the hospital, as portraits of our King and Queen form a necessary decoration of the walls of Canadian hospitals. There is a sun-room attached to every ward in this hospital, including, of course, the children's ward.

It is a far cry from the thoroughly British city of Victoria B.C., to Juneau, the capital

the hour did not seem propitious. "I am never tired of going over hospitals" so we gladly followed our guides, first taking a side-long look at the *Princess Alice* to be sure she was duly waiting for us, and would not leave us behind.

The Mother Superior, not only readily gave us leave to see the hospital, but kindly conducted us herself. Built of wood—like almost every other building in the town, except the Governor's house—it was only opened in 1914. It is in charge of Roman Catholic Nuns, but the patients are nursed by lay women, trained at the Jubilee hospital, Victoria. The association of ideas was interesting.

The Americans have made abundant use of the rich Alaskan Territory which the Government bought from Russia "for a mere song" nearly

60 years ago. Extensive mining operations go on in the neighbourhood of this little town; there being no less than twelve mines, mostly gold! The need for a good up-to-date hospital is apparent. St. Anne's, which has a capacity for 75 beds, fulfils the requirements. There is a good theatre, besides two surgeries and a very fine dispensary. The patients are well cared for by four female nurses, three male, and one religious Sister on every floor. "Knights of Columbus," "Benevolent Protective Order of Elks!" were the mysterious inscriptions I read over the doors of some private bed-rooms, which indicated that those Societies had respectively furnished the rooms as a contribution to the Hospital. The situation is perfect and a lovely view of the inland sea and the beautiful mountainous islands which sprinkle it, is seen from the windows. The most picturesque figure in the building, was the old French porter aged 94! who, by the grace of charity, "does what he can" and is made happy in the doing; he is in reality being cared for by the good Sisters for the remainder of his long life. He retires to bed very early, where we were taken to see him; he seemed to take our untimely visit quite as a matter of course, and gave us a smile of welcome. A shrill whistle from the steamer reminded us that she was getting up steam, so we hurried away.

#### THE WHITE PASS AND YUKON ROUTE HOSPITAL, SKAGWAY.

The very word conjures up the story—so full of romance and tragedy—of the great gold rush—"the trail of '98." It is the threshold of the Yukon Country; the gateway through which passed that great company in their mad rush through an unexplored country, when the lust of gold was upon them. Hundreds of men and horses perished on the way. It once had a population of 10,000; the latest census gives it at 700. A sleepy little town, with a whole street of empty houses and shops and the grass growing in the main street through which the railway runs to the head of the Yukon river. Geographically it is like a beautiful little Swiss valley with mountains towering all round.

The little hospital, containing only eleven beds, was built in 1897, and is partly supported by the Railway Company.

Again calling at the wrong time! the Superintendent, Miss Paterson, a Scotch woman, welcomed us kindly. She was wearing a spotless white gown, like all Graduate Nurses, including Superintendents. It is a two-storied building of warm, red wood, which seems to suit the scenic beauty of the place. The pretty garden of flower beds and green lawn is bisected by a mountain stream.

For some time Miss Paterson did all the work of the hospital! One wonders why the committees of cottage hospitals appear to expect the superintendent to be a woman of four times the strength of any other woman. It is obvious that this stupid mental attitude is not peculiar to

England. When Miss Paterson was on the verge of breaking down, she was, at long last, given some help, and we found her rejoicing over the services of a bright young girl whom she was training.

It is not a free hospital; the patients are charged 12s. 6d. a day; maternity cases the same plus £4. Small though it is, it has all the requirements of a modern hospital, including an X-ray room, and such beautiful beds and white bedsteads and white enamelled walls, just a cosy little hospital in a superb situation; but its days are numbered, the authorities have decreed that this picturesque little building is to be replaced by a more pretentious one.

BEATRICE KENT.

(To be continued.)

#### THE LATE MISS M. A. BUCKINGHAM.

The funeral of the late Miss M. A. Buckingham, Matron of the Queen's Hospital, and of the 2nd Birmingham War Hospital, Hollymoor, took place at Kensal Green Cemetery, on Thursday, December 9th. In accordance with the desire of the relatives, the service was a quiet and private one, but amongst those present, besides the near relations, to pay a last tribute of respect to their colleague, who during her professional career had gained widespread respect and affection, were Miss L. Pumphrey, Assistant Matron of the Queen's Hospital, Birmingham; Miss E. H. Ashford, representing the Queen's Hospital Nurses' League; Miss Beatrice Cutler, representing the National Council of Trained Nurses of Great Britain and Ireland and the Trained Women Nurses' Friendly Society; Mrs. Walter Spencer, representing the Matrons' Council; Miss M. Breay, the Society for the State Registration of Trained Nurses; Miss Cox Davies, President of the League of St. Bartholomew's Hospital Nurses, in all of which societies Miss Buckingham was an honoured member. Miss E. H. Becher, R.R.C., Matron-in-Chief Q.A.I.M.N.S.; Miss E. M. Musson, President of the General Hospital, Birmingham, Nurses' League; Miss Thomas, Matron of the Dudley Road Infirmary, Birmingham (at present a War Hospital), and Miss M. S. Rundle, Matron of No. 1 General Hospital (T.F.), Camberwell.

The service in the chapel and at the graveside was taken by the Rev. A. F. Thornhill, of Rotherfield (uncle) and the Rev. R. Bullock, of St. Matthew's, Surbiton. The coffin, covered by the British flag, on which rested lovely flowers, was followed by the relatives, the rest of those present having taken their seats before the arrival of the funeral procession.

In a downpour of rain the body was committed to the grave "in sure and certain hope of a joyful resurrection," but some of those present lingered to take a last look at the grave and at the wealth of flowers which surrounded it. In all some sixty crosses, wreaths, chaplets, and other floral tokens had been sent. In addition to those



sent by the relatives there were conspicuous a wreath of white lilies, camellias and pale pink carnations sent by Mr. Charles Hyde, Chairman of the Queen's Hospital; a cushion of white chrysanthemums from the Resident Medical Staff, and beautiful wreaths from the nursing staff, the secretarial and dispensary staff, a floral anchor from the domestic staff, and a wreath from the porters and engineering staff.

The Queen's Hospital, Birmingham, Nurses' League sent a chaplet of laurels, with white lilies, hyacinths, and violets, bearing a knot and streamers of the League colours (blue and white), "In loving sympathy to our beloved President, from the members at home and abroad of the Queen's Hospital Nurses' League."

The General Hospital, Birmingham, Nurses' League, sent a wreath of croton leaves and bronze chrysanthemums, "In deep sympathy with our colleagues at the Queen's."

A beautiful full-length cross composed of pink carnations, white lilies and asparagus fern came from the nursing staff of the 2nd Birmingham War Hospital, where Miss Buckingham was Matron at the time of her death, and the South African Staff of the 1st and 2nd War Hospitals sent a wreath of white lilies and chrysanthemums tied with the yellow and green colours of the Union. The Resident Medical Officers of both hospitals and the Sergeants' Mess of the 2nd Birmingham War Hospital also sent wreaths.

Others from Birmingham were from Miss Thomas, of the Dudley Road Infirmary (composed of pink carnations, white chrysanthemums and maidenhair fern) from Lieut.-Colonel Ellis (of dark brown leaves, white chrysanthemums and Madame Chateaux roses tied with white satin), from Miss Bodley, Matron of Selly Oak Infirmary, Mrs. Jordan Lloyd, Dr. and Mrs. Harold Pound, and others.

The Matron-in-Chief and members of Q.A.I.M.N.S. sent a beautiful chaplet of palm leaves, white lilies, and scarlet geraniums; the Matrons' Council, one of cypress leaf, lilies and roses; the Society for State Registration of Trained Nurses, a chaplet of laurels with deep pink chrysanthemums and sprays of heath; the League of St. Bartholomew's Hospital Nurses, a wreath of choice white flowers tied with the black and white colours of the hospital.

A lovely wreath was also sent by Miss Florence Watkey from the Military Hospital, Whitchurch.

As we withdrew from the graveside leaving our colleague surrounded by these lovely tokens of affection and respect, and sorrowing for the life cut short, as it seemed, so prematurely, we thought of the words of the poet:—

"Blow out you bugles over the rich dead;  
There's none of these so lonely and so poor or old  
But, dying, has made us rarer gifts than gold."

#### AN APPRECIATION.

Miss Musson, Matron of the General Hospital, Birmingham, writes:—"At the beginning of 1909, when the Territorial Force Nursing Service was inaugurated, Miss Buckingham offered her

services as Organizing Matron, and as soon as she was appointed, threw herself with enthusiasm into the work of enrolling the necessary Sisters and Nurses. She resigned the position of Principal Matron (as the organizing Matron is now called) in the summer of 1913, but was permitted by H.M. Queen Alexandra to retain the Badge of the Service in recognition of her admirable work. After the outbreak of war she was naturally anxious to take part in the work of caring for the sick and wounded, and when the Rubery and Hollymoor Asylums were opened in May, under the name of the "1st and 2nd Birmingham War Hospitals," Miss Buckingham offered her services to the War Office and was appointed Matron of Hollymoor, with the permission of her Committee who granted her leave of absence from the Queen's Hospital.

Although her health was not of the best, she devoted herself to the work of organizing the new Hospital with all her usual energy and determination, and would not admit that it was too great a strain. In these strenuous times, the workers in one Hospital see but little of the workers in another, and few of her friends were aware of her illness, so that the news of her death came as a great shock both to them and to the Nursing Staff at the Queen's Hospital, by whom she was much beloved.

As a member of the Midland Association of Matrons and Lady Superintendents, Miss Buckingham did much to enliven their meetings by her gaiety, her excellently delivered little speeches, and by her readiness to express her opinion, whether in agreement with, or in opposition to the majority.

Those who came into intimate touch with Miss Buckingham will always remember her charming personality. Exceedingly attractive in appearance, possessed of a delightful speaking voice, and with a keen sense of humour, she was extremely quick in thought, coming quickly to a decision, and acting upon it as soon as made. She was wont to work on original lines, rather than to follow the beaten track, which trait made her most useful when some new undertaking was on foot. In her hospital she never spared herself, and personally superintended even the smallest details; she tried, both by precept and example, to instil into her probationers a high ideal of professional work and conduct. Anyone in trouble or difficulty could always rely on finding a kind friend in Miss Buckingham; she gave the personal as well as practical help, which is the best form of charity. Busy as was her life, she appeared to have plenty of time to help a 'lame dog' over the proverbial stile when need arose, and many patients, as well as Nurses, will hold her in grateful and affectionate remembrance.

To her country, and to the hospitals with which she was connected, the loss at this time of so experienced and capable a Matron is a very great one; in Birmingham, her pupils and colleagues alike feel that much brightness and life have gone from their midst with the charming presence of Maude Buckingham."

## THE HEART OF THE CONVENT.

Bishop Bury (Bishop of North and Central Europe) writing in *The Nineteenth Century* on "the Grand Duchess Elizabeth and her new Order" (the order of St. Martha and St. Mary) says that "this daughter of our own Princess Alice and sister of the Empress is without doubt one of the best known and best loved women in Russia. Her tragic experience when she was widowed by the terrible assassination of her husband, the Grand Duke Serge, within a few minutes after leaving her drew all hearts to her in sympathy and compassion. In Moscow, where she was loved by everyone already, they gave her an even more whole-hearted affection, growing stronger and deeper as the years have gone on, in response to her noble and self-denying work among them."

"Last year when in Moscow the Grand Duchess received me at the Convent one January afternoon, and at once, as is the case with everyone who comes within her influence, made a deep and lasting impression upon me. She wore the pale grey and white robes of her Order, quite different from the entirely black garments and veil worn by all the other religious communities in Russia; and though as simple, humble, and unaffected as it is possible for a woman to be, she presented to me one of the most striking and attractive personalities I have ever met. She has a most winning and persuasive manner, and one cannot imagine any hardened and embittered spirit, however soured by life's hardships, holding out long against that pure and refined womanly influence. Her work is meant to be, and is, for

the very lowest class in Moscow, and it cannot but be a great advantage to have it directed and inspired by one of the noblest and wealthiest in the land. The 'great

gulf' is well bridged over when highest and lowest thus meet together. . . .

"The Convent consists of a series of very plain buildings in a convenient part of Moscow. . . . 'In the very heart of the Convent is the Hospital,' the Report for 1913 stated. It might have truly said that it is the heart of the Convent, for it represents the chief work for which the Order was founded and to which the Sisters devote their lives. It contains seven wards, with operating room, bathrooms, and a lecture room where the doctor on duty gives explanations, and instructions with regard to hygiene, surgery, anatomy, &c.

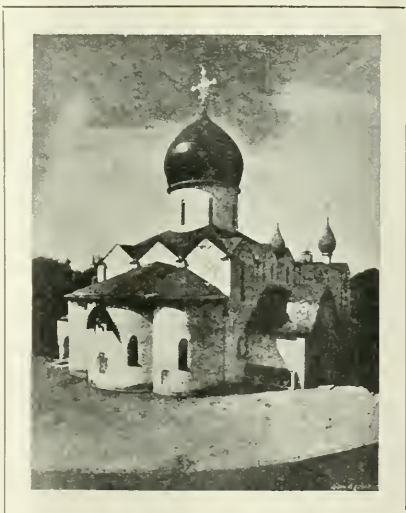
There is also a large out-patients' department, and a chemist's shop, where the prescriptions for out-patients are dispensed, either free or at greatly reduced prices, according to the character

of the case. This part of the hospital employs a chemist and three assistants as well as several Sisters, who are being taught dispensing and the use of drugs. The turnover for the year 1913 was nearly £3,000, apart from the gratuitous gift of medicine."

Mr. Stephen Graham, writing in the Christmas Number of the *Treasury*, gives an interesting description of the Convent of St. Martha and St. Mary in the Bolshaya Ordinka, on the other side of the Moscow river. "It is a wonderful institution belonging to the new Russia, and yet being part of the old; a young, dainty stem, with leaves, sprung from the rugged, many wintered tree of the Russian Church. It is a new institution; it is served by young



THE ABBESS AND GRAND DUCHESS ELIZABETH.



THE CONVENT CHURCH OF SS. MARTHA AND MARY IN THE BOLSHAYA ORDINKA.

people, and has new life, new interest and ideals."

The Grand Duchess Elizaveta Federovna is the Abbess, and there are about a hundred sisters. "Everyone is young, everyone is active. No woman over forty can enter the sisterhood, no one also who is weak physically, or likely to be unable to perform the arduous labours for and among the poor which the sisters impose upon themselves."

"The service in the convent church is open and free. All and sundry may go in. And yet necessarily one is in a way a guest—a visitor. It is a very gentle and delicate experience to stand on the stone flags of the wide church beside fifty or sixty maidens in white, and avow allegiance to the same emblems, praise the same splendid Creator and God,

"I came to the service, but I also wished to satisfy a desire to see the frescoes and wall-paintings by Nestorof. The rood-screen, the apse and the sides, have been painted by that great artist, and two or three of his most beautiful pictures are the surface of the walls.

"There is a large picture, the whole width of the church, a presentment of Holy Russia; the margin of a birch forest, plains and folding valleys and uplands and broad acres in the distance. In the foreground, bright green grass thick with purple labiate and yellow rattray, an opening in the forest, delicate silver birches on each side and tiny pine trees, seedlings of pine trees. In the opening, all manner of characteristic Russian 'poor folk,' gazing, praying, kneeling, crying. For a haloed Christ stands among the birch trees and receives all who will come to him.

"The Russian peasant believes that Christ wanders on his roads—

'the Heavenly King  
Our Mother Russia came to bless,  
And through our land went wandering'

—and he is quite right, believing that. The thought, almost by itself, constitutes the idea of 'Holy Russia.'

"A tall and portly priest with long hair, whimsical and gentle, took the service—Father Mitrophan—and he walked to and fro, now with the people, now behind the sacred gates. A score of sisters in black veils and with black crowns on their heads sang in the choir . . . The sixty sisters in white prostrated themselves, and there was a billowing flood of white linen on the floor. And the black choir sang, gently, pitifully, sweetly, exaltedly, with *pale* voices. It was their church, their temple. They expressed themselves there as a maid expresses herself in her private room at home.

"It is good to have been at prayers with the Sisters, just as if one had spent a few hours in perfect mood in a garden."

By the courtesy of the Editor of *The Treasury* we are able to reproduce the accompanying illustrations of the Abbess and of the Convent of St. Martha and St. Mary.

## WHERE TO SHOP AND WHAT TO BUY.

### CHRISTMAS SHOPPING.

Christmas would hardly be Christmas to many of our readers, if they did not visit the splendid bazaar of MESSRS. E. & R. GARROULD, 150, Edgware Road, W., and carry away bargains wherewith to decorate Christmas trees and fill stockings, to be rifled by eager hands. And while there, other departments must not be forgotten, especially the Nurses' Saloon. Members of the French Flag Nursing Corps, and other nurses proceeding abroad, should note that they will be able here to obtain everything they need.

### HOSPITAL SUPPLIES AND EQUIPMENT.

Then there is the HOSPITALS AND GENERAL CONTRACTS CO., LTD., 19 to 35, Mortimer Street, W., most centrally situated; and whether medical and surgical stores, hospital equipment, or nursing uniforms are required, the same skilled service and unvarying courtesy are at the disposal of the customer, and all the resources of this great business house, be the order large or small.

The nurses' equipment section, though one of the newest, is already well established in favour. Members of the French Flag Nursing Corps will here also find everything they need, and any nurses proceeding abroad will do well to pay a visit to this firm, so that if when away from England they need supplies, they will know what to order, should need arise, and may be confident that any order placed with this firm will be fulfilled with the greatest possible expedition.

MESSRS. DOWN BROS., St. Thomas Street, S.E., are noted for the high quality of their surgical instruments and hospital equipment and supplies of all kinds. Their catalogue should be in every hospital and similar institution at home and abroad.

The specialities of MESSRS. J. E. INGRAM & SONS, of Hackney Wick, N.E., are well known to nurses and valued by them. What more acceptable Yuletide gift could be made than an "Eclipse" hot-water bottle, as supplied by this firm? Then, for babies who require hand-feeding, the "Agrippa" band teat and valve should always be borne in mind—for a teat which cannot slip off the neck of a bottle is a thing to be prized.

A visit to the MEDICAL SUPPLY ASSOCIATION, 167-173, Gray's Inn Road, W.C., will demonstrate how many useful gifts, whether for hospitals, nurses, or patients, may there be found. Do not forget the khaki-coloured air cushions, or the hot-water bottles for which this firm are noted.

Nurses and midwives have learnt to rely greatly on certain firms—one of which is MESSRS. ALLEN & HANBURY'S, LTD., Lombard Street, E.C., whether for surgical appliances, maternity bags, or Allenburys' Foods and malted rusks, which are invaluable in the feeding of infants and young children, it is a first favourite.

A popular and inexpensive present would be a box containing three pats of Lysol Soap, supplied



by **LYSOL, LTD.**, Warton Road, Stratford, E. Those who once use this delightful soap never like to be without it.

The various Sanitas preparations, supplied by **SANITAS, LTD.**, Limehouse, E., are old established favourites, this disinfectant being well known to nurses. Full information as to the various preparations will be sent on application.

Those who wish to send gifts to soldiers abroad should not fail to procure the illustrated booklet, "On Active Service," which contains just the information they need. The firm specialise in "Toxol," an all-British antiseptic which has found much favour.

#### SPHAGNOL PREPARATIONS.

The various preparations placed on the market by **PEAT PRODUCTS (SPHAGNOL), LTD.**, 18 and 19, Queenhithe, Upper Thames Street, are very highly spoken of in many medical quarters. As the name implies, the basis is peat moss, and the preparations include medical soap, toilet soap, shaving soap, ointment, suppositories, and Spagnoline cream. The firm have received medical testimony to the value of these preparations as a first-aid dressing for wounds, and in the treatment of certain chronic ulcers, and of "trench sores" (eczematous condition due to dirt infection). We have pleasure in commending these preparations to the attention of our readers.

#### DOMESTIC AIDS.

All polished floors need an extra rub up before Christmas, and nothing is better for the purpose than **Shell Brand Floor Polish**, prepared by **ARCHIBALD H. HAMILTON & Co.**, Possilpark, Glasgow.

**Gospo**, supplied by **GOSPO, LTD.**, 33, Waterloo Road, S.E., is an ideal cleanser, which once stocked is always stocked in hospitals and infirmaries.

#### FOOTWEAR.

We commend to the attention of our readers the **Benduble Footwear**, supplied by **THE BENDUBLE SHOE CO.**, Commercial House, 72, Oxford Street, London, W. These shoes are very popular with nurses, for the reason that they are most flexible, and that they keep their shape. Inspection of the large selection at the firm's showrooms is invited.

#### LITERATURE.

Well selected books are always acceptable gifts to nurses. **MESSRS. G. P. PUTNAMS**, of 24, Bedford Street, Strand, publish a dainty list which nurses would do well to keep by them and secure the volumes as they are able, as they will form the basis of an excellent private library. Moreover, the majority, such as **Miss Dock** and **Miss Nutting's "History of Nursing,"** **Miss Dock's "Materia Medica,"** and **Miss Amy Pope's "Medical Dictionary for Nurses"** should be in every hospital in the kingdom.

**MESSRS. H. K. LEWIS & Co., LTD.**, Medical Publishers and Booksellers, keep in stock all

classes of books for nurses. A carefully prepared list is supplied to all applicants. They are the publishers of several books suitable for presents to nurses.

The "Lectures on Tuberculosis to Nurses," by **Dr. Olliver Bruce**, price 2s. 6d., are especially excellent, and may with confidence be recommended.

"A Manual of Nursing," by **Dr. Lawrence Humphry**, published by **MESSRS. C. GRIFFIN & Co.**, Exeter Street, Strand, is also a very popular favourite.

#### MISCELLANEOUS.

**Horlick's Malted Milk**, supplied by **HORLICK'S MALTED MILK CO., LTD.**, continues to enjoy a deserved popularity, and is particularly useful for and liked by convalescents, and is an invaluable standby when fresh milk cannot be procured.

**MESSRS. KEEN ROBINSON & Co., LTD.**, of Denmark Street, London, makers of the famous "Patent" Groats, have the best preparation we know for making a perfect gruel, which is of excellent and nutritious quality.

**RED, WHITE AND BLUE COFFEE** is a favourite beverage, excellent in quality and economical in use.

**CADBURY'S COCOA** has, as every one knows, a world-wide reputation as one of the best obtainable. The firm's dainty boxes of sweets of guaranteed purity are always most acceptable Christmas gifts.

#### AN ACCEPTABLE GIFT.

An acceptable gift is **Waterman's Ideal Fountain Pen**. This famous pen is made in three types—the "Regular," the "Safety," and the "New Lever Pocket Self-Filler"—and in a variety of styles. The "Safety" Type is the most suitable for friends, Nurses and for all on Active Service, and for those at home the "New Lever Pocket Self-Filler" is the novelty of the season. Each pen is fitted with an iridium-tipped gold nib which may be obtained to suit the hand exactly and exchanged if it does not. Every pen is guaranteed. The Regular Type costs from 10s. 6d. upwards, the "Safety" and "Self-Filling" from 12s. 6d. upwards, and may be obtained from stationers and jewellers everywhere. A booklet showing styles can be had by writing to **L. G. Sloan**, at The Pen Corner, Kingsway, London, W.C., where a complete selection of **Waterman's Ideals** can be seen at any time, or nibs exchanged, if not suitable.

#### WESTMINSTER COLLEGE FOR LADY DISPENSERS.

This ladies college at 112, St. George Road, Southwark, S.E., for instruction in dispensing, established in 1874, is said to be the oldest of its kind, and here pupils can receive instruction qualifying them to obtain the additional certificate to act as a dispenser. All information can be obtained from the energetic Secretary, **Mr. J. E. Walden**. Such certificate is of the highest value.



## BOOK OF THE WEEK.

## "FLOWER OF THE DUST."\*

Yet another story of that ever-fascinating person, the hospital nurse. We fancy the public must be a little weary of the halo round her head.

Hilary Brown has a varied and wide experience of life, for she was born little 'Ily Brown, the daughter of a bargee, and died Lady Milroy, the wife of an eminent surgeon. At an intermediate period she trained as a nurse. She trained thoroughly; we have no fault to find on that score; but, alas! on the first interview the Matron described her to the surgeon as a "born nurse," which gives the position away, as we know it is not so that Matrons are wont to speak of the probationer in embryo to their honorary staff.

To be quite fair, however, nursing was Hilary's true vocation, and from the time she was of age to think of shaping her life, she never faltered in her determination to attain her objective. Her career is somewhat of the high falutin' order, and does not strike us as very convincing, but at the same time we feel sure that Hilary is a type that has a very real and affectionate place in the imagination of the general public. There is in addition a charming frontispiece of an exceptionally pretty girl in a Sister Dora cap, and lots of golden hair, and we can imagine that such a bewitching apparition polishing the brasses was quite sufficient to make one of her patients exclaim that "it is a fair treat to watch you. I don't sleep much in the night. Wish you'd polish that there rail all night." In addition he requested the surgeon to "let that new young woman tend me, then I b'lieve I might get better in time."

We like better the description of her life with her parents on the barge.

"What's God?" she asked of her mother one night.

"God?" said Mrs. Brown, vaguely faced suddenly with the question of the ages. "God?—why . . . I dunno's I can exac'ly tell you, 'Ily. He's up there," jerking her thumb skywards. "Them's things I dunno much about, never havin' had the chanst."

"An' heaven, what's that?"

"That's another. You wait, my gel, an' you'll mebbe learn all about it in time."

And that was all the religious instruction 'Ily got. We have said that 'Ily's experience was varied, and the description of her conducting the burial of the body of a little stillborn brother or sister goes to prove this.

"I've made it up in a parcel an' you'll keep it just as it is, like a good gel, and do just's I've told you."

'Ily nodded, and her mother went slowly into the other room and brought back an oddly-shaped little parcel done up in newspapers.

"Take the little shovel," said her mother, "and see you dig deep. You're a good gel, 'Ily."

\* By John Oxenham, Hodder & Stoughton, London.

"You done it all proper?" asked her mother when she reached home.

"Yus."

"Good an' deep?"

"Yus." And that was the end of it.

But 'Ily, on windy nights, shivered at the thought of the "little parcel out there."

Mr. Brown had some time previously fallen off the tow-path and been drowned, so that when 'Ily's mother was taken to the infirmary, where she died, there remained nothing but the Magpie Schools for 'Ily and her little brother. So it will be seen that she travelled a long way before she became Sister Hilary and finally Lady Milroy.

Before she went out as part of the staff to the new hospital at Peking she was commanded to the presence of the "Little Great Lady," Queen Victoria, who was much struck by her cheerful bearing and gracious figure. She knelt before her while her Sovereign pinned to the breast of her gown a most exquisite little brooch with the mighty letters "V.R." in tiny diamonds.

It is not made clear why this honour was conferred upon her, but anyway it was.

Afterwards she married the chief surgeon of the hospital, and they were both massacred in a Chinese riot.

"St. Hilary Brown was born on a canal-boat, and nurtured on a dust-heap; but I count her as worthy of canonisation as St. Cecilia, St. Elizabeth and St. Catherine."

II. II.

## COMING EVENTS.

December 16th and 17th.—Central Midwives Board. Penal cases. Caxton House, Westminster, S.W. 11 a.m.

## A WORD FOR THE WEEK.

## DECEMBER.

More like a spirit than a flower,

Clad in her gown of flame,

Poinsettia comes to point the way.

The blessed Christ Child came.

May Christmas bring to you and yours

Blessings to fill each hour,

And may your future be as bright

As this most radiant flower.

## FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps Service in France can be interviewed by arrangement with the Hon. Secretary, 431, Oxford Street, London, W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, December 17th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' general training, which they should bring for inspection. Experience in fever nursing is an additional advantage, also a knowledge of French.

Candidates cannot be seen on December 20th, 24th and 27th.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

L'HÔPITAL MILITAIRE, ARC EN BARROIS.  
To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Many thanks for competition prize received to-day. We always look forward to receiving the JOURNAL, which arrives on Sunday always.

The fact of my sometimes winning the prize for the nursing essays is really due in great measure to the infinite pains bestowed upon my nursing education at the St. George's-in-the-East Infirmary Training School for Nurses.

Yours, faithfully,

AMY PHIPPS.

## THE GIST OF THE WHOLE MATTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It seems to me Miss Mollett is going off at a tangent by making this most important discussion a personal one. If I have appeared illogical to her (owing, probably to my lack of *Kultur*) let me refer her to Mr. Yearsley's letters of October 23rd and November 6th.

This is a man's war and a woman's question. Man is woman's natural protector. When man oppresses and degrades women we turn to law and public opinion. The Germans have snapped their fingers at the Hague Convention, they have fired at the Red Cross flag, they have stabbed the wounded on the battlefield, they have used arms and the bayonet to women, whom they have both mutilated and degraded, and they have insulted and shot those who have nursed them. The gist of the matter is that it has been proved to be *unsafe* for any woman to nurse Germans. Doctors who are in possession of facts, impossible to put in print, know what they are talking about. My own opinion was based on personal knowledge, and I formed it before the culminating dastardly action with regard to the greatest martyr of our profession in this nightmare of a war.

Yours faithfully,

E. R. WORTABET.

## A DOMESTIC AFFAIR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I draw the attention of the Nursing profession, as a mother of two nurses, to the difference of treatment by the War Office of Miss Florence Tubbs, a British woman, who has given many years of devoted service to the sick in this country, and of the German-born woman, Mrs. Savile, whose typically Teutonic pachydermatous hide actually permitted her, without realising its horror, to take paid service in the War Office, and handle the clothes and effects of our dear dead heroes (perhaps treacherously murdered when wounded by her savage

compatriots), every article of which is sacred to some broken-hearted mother, father, wife, sweetheart or relative. It makes my blood run cold to think of such callous contact—but it makes it boil to realise with what obtuse lack of national feeling our War Office treats such sensibility.

British Miss Tubbs is curtly informed that to be summarily discharged by an autocratic chairman, and refused investigation and redress, is no reflection on her character! But we have a vast amount of publicity and commiseration bestowed on the German-born Mrs. Savile, because a justly indignant public objects to her presence, and to being taxed to pay her salary, in the War Office! She forsooth is permitted to *resign*—so as not to embarrass the Government! Resign indeed! What does it mean? Is it not time we British women formed ourselves into a strong league to protect ourselves against such outrageous injustice—and gross stupidity? After reading of the torture of our prisoners in Germany in the *Weekly Dispatch* on Sunday, surely it is our duty to protest publicly against what appears to me deplorable weakness and inefficiency upon the part of the Government.—Yours truly,

THE MOTHER OF SOLDIERS AND NURSES.

[We regret we are compelled to hold over letters on this subject.—Ed.]

## A NATIONAL UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Personally I hope that trained nurses uniform will never be stereotyped, or that we shall be compelled to wear one. I prefer a coat and skirt, it is much more private. To be made responsible for the conduct of other women in the street is most unfair. For instance, I recently followed two nurses up a West End street, in blue circular cloaks, blue bonnets with short blue veils. They passed a young Colonial soldier (he wore the felt hat), they smiled across the street at him, he returned the smile, but hurried on, and all the way up the street these two women kept turning round, attempting to attract the young man's attention. I gave them a disgusted glance, as you may imagine. Happy was I not to be in uniform and classed with these two vulgarians.—Yours truly,

A PRIVATE NURSE.

## OUR PRIZE COMPETITIONS.

December 25th.—(a) Name three diseases requiring special diet; (b) give proper menu for a meal for each disease.

January 1st.—State generally the symptoms of gastric ulcer and the dangers arising therefrom. How would you feed a patient suffering from this disease?

## OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

## The Midwife.

### MANHATTAN MATERNITY AND DISPENSARY, NEW YORK.

Among the many kind and cordial women with whom we travelled to San Francisco in June, was Miss Nancy Cadmus, R.N., Superintendent of the above hospital; she belongs to the Worshipful Society of Progressivists!—to which fact, her able and interesting paper, entitled "Administration and Registration Laws by Regents of a University," which she read before the Convention

exception; it has recently established a school of midwifery. The pupils of the Manhattan Maternity also attend the Cornell University Clinics which are held in the hospital, and also lectures on the following subjects given by the resident physicians: 1. Embryology; 2. Asepsis and puerperal infection; 3. The toxemia of pregnancy; 4. Abnormalities of pregnancy; 5. Complication and emergencies; 6. Care of the newborn child; and 7. Asphyxia. The hospital is situated—as it should be—in a poor part of the city and supplies the need of as many, and more than it can very well accommodate; it has, in fact



THE NURSERY, MANHATTAN MATERNITY AND DISPENSARY.

in that city, will testify. We met again in New York, when she kindly invited us to visit her hospital.

In America, it is not customary for nurses to become qualified midwives, receiving a diploma enabling them to practise as such. Consequently, Maternity Hospitals are not schools of midwifery—one never hears the word midwife. They are training schools where a three months' course in the different branches of theoretical and practical obstetrics is given, and which appears to be very thorough. The Bellevue Hospital is an

outgrown its requirements, and is likely to be enlarged, although not yet 11 years of age. What we call reciprocal training, our American sisters call affiliation, and this is an established custom with them. The Manhattan Maternity is affiliated with no less than 11 different training schools! There are 23 pupils and 6 graduates. It is a charming little hospital, with up-to-date equipment; but the most attractive room is the "Nursery." The walls are not hung with pictures, but with something much more lovely—namely, cots containing *flowers—little human flowers!*

sweet babes in their cots; such a pretty sight. One cannot but feel a little sorry for the mothers, that they are parted from them except when nursing them; but we were told the system answers well, so no doubt it is good for both mother and babe. The mother is certain to get more sleep and rest by this means.

There is a Social Service Department attached to the hospital, with a special experienced nurse in charge, where pre-natal care is given. It is both interesting and gratifying to learn that pre-natal care is becoming a recognised Department of Social Service Work, not alone in our own country. History repeats itself, even after many centuries. Our thanks are due to Lysurgus, the great Spartan lawgiver, who first taught us this obvious duty! He surely would have given his blessing to those who conceived the happy idea of providing a roof garden for a maternity hospital!

BEATRICE KENT.

### PUERPERAL SEPSIS.

A very interesting lecture on the above subject was delivered by Mr. Gordon Ley, F.R.C.S., Registrar and Pathologist at the City of London Lying-in Hospital, City Road, E.C., to the members of the Nurses Club, on Wednesday, December 8th. The Club formed in 1914 is composed of pupils trained in the hospital, all being invited, on completion of their training to enrol themselves as members and thus keep in touch with their training school. Many have availed themselves of the opportunity, and the post graduate lectures have been arranged for their benefit.

The lecturer described the various forms of puerperal sepsis, including sapraemia, septicæmia, pyæmia, parametritis, and white leg, with their appropriate treatment. He said that it was impossible to draw a hard and fast line between sapraemia and septicæmia, but the former word was generally used in speaking of the less grave forms of septic poisoning.

#### SAPRAEMIA.

Sapraemia then indicated a toxic condition produced by absorption of the products of decomposition. It must be assumed that the organisms causing these live on dead tissue—never living tissue—but fragments of retained placenta, clots and membrane. The absorption of the toxins produced caused a rise of temperature.

The usual onset was about the third day, but it might be later or earlier. The first symptom was headache always, the mother nearly always felt ill, disinclined to eat. The temperature was generally moderate, for the reason that cases styled sapraemia were usually of a mild type.

The physical signs, i.e., those found on the examination of the patient were a furred tongue, and a bulky uterus in cases in which that organ had become infected. This did not hold good in cases of infection of the perineum.

The lochia might or might not be offensive. It depended on the amount of decomposing tissue.

Offensiveness of the lochia was a symptom which was only unpleasant to the nurse. Cases which were foul smelling usually did well, and indicated that the products of dead tissue in the uterus were draining away freely.

#### SEPTICÆMIA.

*Septicæmia.*—Septicæmia implied that the organisms themselves had invaded the patient's tissues, were growing on the patient's tissues, and had got into the blood stream. The symptoms were usually apparent on the fourth day after labour, but might be earlier. The earlier they appeared the worse the patient was.

The lecturer showed the chart of a patient who died from ante-partum infection, an uncommon condition, but one which could not be altogether excluded. The patient was suffering from albuminuria and he decided to induce labour. This was done by the introduction of bougies. The vagina was first swabbed out with iodine, the bougies touched nothing but the cervix, and the patient was not previously examined. On the second day, i.e., the day after the bougie was inserted, the temperature was normal. On the third day it rose to 104.4 degrees. On the evening of the 4th day the patient was delivered of twins in a state of decomposition. The temperature then dropped, and varied from 102 degrees to 101 degrees for four days, when the patient died. There seemed to be no doubt that the case was one of ante partum infection.

As to the symptoms of septicæmia, the patients generally felt none; they felt well, and ate well, and could not understand why they were kept in bed. The same condition might be observed in pulmonary tuberculosis.

On the other hand the patient looked extremely ill. The temperature chart was of a typically up and down character, and rigors were common. A rigor was co-incidental with a flood of micro-organisms into the blood stream of the patient. When one examined the patient she appeared ill, and the pulse was rapid, and it was a symptom of serious import if the pulse stayed up when the temperature was down. The tongue, in most of these cases, was smooth, moist and glazed, though in some cases it might be dry, hard, and cracked. The uterus was generally contracted, the condition painless, the lochia normal or almost entirely suppressed. While cases of sapraemia generally got well the prognosis in septicæmia was grave, and the earlier the condition began the graver it was.

*Pyæmia* was a condition resulting from septicæmia, it was septicæmia which had attempted to cure itself and failed.

In a thrombosed blood vessel the septic organisms grew on a clot, the clot broke down in the thrombosed vein adjacent to the uterus and was carried to a distant organ where the infection became localised. It was thus the end of septicæmia. The symptoms also were those of long-continued septicæmia. One found abscesses and suppurating tissues.



*Parametritis.*—On each side of the uterus was a mass of tissue known as the broad ligament. In parametritis this was infected, generally from an infected tear of the cervix. As such tears are most common on the left side it usually developed on that side. The symptoms usually started on the day the patient got up. She would probably complain of pain on the left side, and of difficulty in walking. On pressing down over the pubes tenderness would be felt.

*White Leg.* White leg was the result of a mild infection of the perinaeum with clotting in the blood vessels and lymphatics of the broad ligament. The clot spread along the internal iliac vein and the external iliac which in turn became the femoral vein. When the two became infected white leg was the result. The symptoms were always late; occurring on the tenth, eleventh, or twelfth day. The onset was sudden. In a typical case the leg was large, white, firm and extremely tender. It looked oedematous, but would not indent. There was solid oedema of the leg. The temperature was extremely slight.

#### TREATMENT.

The treatment of the various cases was similar. First let the patient sit up. The discharges running away from the uterus had to drain, and in the recumbent position a pond of the lochia was formed. If micro-organisms from the vulva got into the pond some might float up into the uterus. If the lochia were infected the object was to get rid of stagnation. Most people give ergot. It could not do any harm, and might help to expel the clot or tissue left behind in the uterus.

*Douches.*—In regard to douches the lecturer said he did not like them, and never gave them unless he put his hand into the uterus when he gave an intra-uterine one. Ordinarily they were, he thought, more likely to wash organisms into the uterus than out of the vagina. If a patient had a torn perinaeum, vagina, or cervix, a douche was absolutely contra-indicated.

In most cases the real treatment was a masterly inactivity. There were radically different views on this question. Some one said: "I am going to clear the uterus out"; another, "I am going to leave things alone." He had never been sorry for leaving things alone. On the other hand the more drastic treatment might stir things up.

In septicæmia feeding was of great importance and brandy was of great value.

Treatment by vaccines had not produced startling results.

For white leg there was one treatment, and one only, to keep the leg at rest, and the patient well fed. The leg should be bandaged.

#### PREVENTION.

In regard to prevention the midwife should do all in her power to be clean, and pay great attention to her own hands. The lecturer advocated anointing the hands with glycerine and sleeping in cotton gloves, a practice he himself adopted.

(2) Paint the vulva, buttocks and perineum with iodine, and examine as little as possible.

(3) Be very careful of the third stage. If fragments of chorion, or minute fragments of placenta were left behind they were very liable to get infected. Or a piece of chorion protruding through the cervix might act as a conductor by means of which organisms spread up into the uterus, on the same principle as a cotton wick acted as a conductor.

### THE PREVENTION OF EAR DISEASE IN CHILDREN UNDER SCHOOL AGE.

The eleventh lecture of the special course on "Infant Care" was given on Tuesday, December 14th, at the Royal Society of Medicine, 1, Wimpole Street, by Mr. Macleod Yearley, F.R.C.S. His subject was "The Prevention of Ear Disease in Children under School Age."

He commenced by giving a brief outline of the structure of the throat, ear and nose, showing different sections of them on the screen. He hoped that a knowledge of these organs would further the preventive work of nurses in the several diseases relating to them. Speaking on the functions of the nose, he pointed out that its chief function was usually regarded as that of smell, whereas this was its least important function

and it was only by considerable effort that the centre of smell was reached. Much more important was its respiratory function, as it was the means whereby the air was warmed, moistened and purified before entering the lungs.

The process of purification was accomplished by means of the fine hairs; and the use of one's handkerchief after a day in London showed the impurities that were arrested by them. The lecturer spoke in scathing terms of the "comforter" as a factor in nose and throat disease, and described it as "pernicious and abominable."

He threw on the screen a picture of what he described as a "mouth breather," to illustrate the bad effects of adenoids, and pointed out the child's dull expression, the sucked in ribs and miserably developed chest. Bad memory, depression, night terrors with sense of suffocation, were some of the evil consequences of this defect.

He told a story of a small patient whom he had asked if he suffered with bad dreams. "Yes," he said; "Burglars come and suffocate me."

Mr. Yearley dealt with the various causes of deafness in children, and showed how often they were preventable if only they were recognised in time.

The most intractable form, he said, was that resulting from mumps, which, unless recognised and treated in the first fortnight, was practically hopeless.

The Midwives (Scotland) Bill passed its second reading in the House of Lords on December 8th. It is expected that it will become law before Christmas.

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## PRINCIPAL EVENTS IN THE NURSING WORLD IN 1915.

The attention of the nursing world in 1915 has been concentrated on the work entailed upon it by the European War, and all organization work has been in suspense. The immediate needs of sick and wounded, of refugees, of all upon whom the war presses so heavily, have engrossed the attention of trained nurses.

One of the conspicuous features of the year has been the patriotism and devotion shown by the nurses of our Overseas Dominions. Whenever opportunity has offered, their services have been at the disposal of the Empire, as have those of the men of the fighting forces. The Dominion of Canada, the Commonwealth of Australia, the South African Union, the Dominion of New Zealand, all have sent, and sent without cost to the Mother Country, hundreds of well-trained nurses, to share in the work of their colleagues at home, and many hundreds more are still available, should the call be made upon them.

Not only have our own Dominions sent trained nurses to our assistance. Our Allies in Japan have sent from the Flowery Kingdom a contingent whose great services have been recently recognized by His Majesty the King, as we record in another column. The American Red Cross Society, and the University of Harvard, U.S.A., and Norway, whose Queen is British, have also sent well-trained contingents.

While so many nurses, with excellent certificates, are available for the care of the sick and wounded, there is no excuse for employing persons with lower qualifications in responsible charge of them. Their adequate care is an obligation of first importance, and nothing can dispense the nation from its provision.

### THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

The National Council of Trained Nurses of Great Britain and Ireland has, according to its

custom, kept in touch with the questions of the day, and from the outbreak of the war saw with increasing anxiety that, while the services of many trained nurses placed at the disposal of the War Office and the British Red Cross Society were rejected, those of women with a few weeks' hospital experience were being utilized.

Moreover, except through the Regular Military Nursing Services, when trained nurses have been employed, as in Military Auxiliary Hospitals, it has been in a subordinate position, in their own department, to lay officials, who know nothing of the science of nursing, and therefore their work has been done under great difficulties. This situation has arisen primarily from the organization of Voluntary Aid Detachments outlined and sanctioned by the War Office, and from the further assumption that those who lend their houses, or give sums of money for the care of the wounded, have the right to supervise the work of a highly skilled profession, a totally unwarranted assumption which would not, for a moment, be tolerated by the medical profession, and which is inimical to the best interests of our wounded soldiers. The axiom that the control of a profession should be in the hands of members of that profession is laid down in the interests of the public.

The National Council of Trained Nurses constitutionally approached the War Office on this subject, and on December 31st, 1914, the President, Mrs. Bedford Fenwick, sent to the Secretary of State for War a Resolution, passed by the Council, recording its unqualified disapproval of the present organization of the nursing of the sick and wounded soldiers in military auxiliary hospitals at home and abroad, and earnestly petitioning the Secretary of State for War to "prevent the expenditure of the munificent subscriptions of the public on inefficient nursing, and the subjection of the sick and wounded to the dangerous interference of untrained and unskilled women who have been placed in positions of responsibility for which they are not qualified." The Resolution was

supported by a Statement and Appendices proving the points incorporated therein.

From the correspondence which ensued between the President of the N.C.T.N. and the Director-General of the Army Medical Service, the Resolution was not acceptable to that Department. Nevertheless, certain reforms have been made which are apparently the outcome of this protest.

The fundamental mistake in the organization of Military Nursing, in so far as the War Office is concerned, is the fact that it has deputed to a body of charitable and unprofessional persons the organization of nursing in military auxiliary hospitals, thus failing to control effectively the nursing in hundreds of hospitals in which sick and wounded soldiers are compulsorily treated.

#### DELEGATES AT SAN FRANCISCO.

Miss A. E. Hulme and Miss Beatrice Kent, who acted as the delegates of the National Council of Trained Nurses to the meeting of the International Council of Nurses in San Francisco, have returned full of enthusiasm for all they have seen and heard. It is hoped that early in the New Year they will give a report of their embassy to the Council.

#### THE INTERNATIONAL COUNCIL OF NURSES.

The meeting of the International Council of Nurses in San Francisco in June, which in time of peace would have attracted many members of the affiliated National Councils, as well as nurses from all parts of the world, had, owing to the war, to be limited to a business meeting, as nurses had neither time, funds, nor opportunity to attend from abroad, and the great Congress held at the same time included for the most part members of the trained nurses' organizations on the American continent.

At the business meeting of the I.C.N., presided over by Miss A. W. Goodrich, the invitation of the Danish National Council to hold the next meeting in Copenhagen was accepted, and its President, Mrs. Henny Tscherning, unanimously elected President.

#### THE STATE REGISTRATION OF TRAINED NURSES.

Owing to the procedure agreed upon in Parliament on the proposition of the Prime Minister, there have not been facilities for the discussion of private members' Bills, and consequently the Bill for the State Registration of Trained Nurses has not been introduced this year, for the first time since 1904. Moreover, its sponsor, Major Chapple, M.P., M.D., has been serving professionally on hospital trains and in military hospitals. At the Annual

Meeting in June, the report pointed out that the urgency for passing a Nurses' Registration Bill was never greater than at the present time. Had a State Register of Trained Nurses been in force on the outbreak of war, the trained nurses would have had a definite status, and those chosen for duty in responsible charge of the sick would naturally have been selected from amongst those enrolled on the State Register; the unskilled help, willingly offered, could then have been utilized under the supervision of trained nurses.

It is necessary for the nursing profession and the public to be alive to the danger that proposals are secretly advocated by the anti-registration party for the registration of training schools as opposed to the registration of nurses. Such a proposition, specious as it may appear, is really one for the hall-marking of certificates, without schools being required to give evidence of training facilities, or of the efficiency of the teaching arrangements to a central professional authority. Registration on these lines would therefore be not only useless, but dangerous, and, moreover, would deprive trained nurses of any effective professional or economic control of their own affairs.

Moreover, the Nurses' Registration Bill practically provides for the recognition of training schools which conform to the standard laid down by the Central Authority.

The arrival in this country of nurses from New Zealand, South Africa, the Provinces of Ontario and Manitoba in Canada, and the United States of America, wearing the State badges indicating their professional status, has afforded fresh proof to British nurses of their own lack of legal recognition. The reaffirming by the National Council of Women of Great Britain and Ireland at its meeting in October of the Resolution passed by the Council in 1908 in support of State Registration of Trained Nurses affords proof that the Council is alive to the situation, and that its support will be available when the time comes to press for nursing legislation.

In Victoria, Australia, the Royal Victoria Trained Nurses' Association are endeavouring to secure the passing of a Nurses' Registration Bill. The crux of the question, and the one concerning which difficulty has arisen, is, as usual, the constitution of the Governing Body. Bills for the Registration of Trained Nurses have been passed in the States of North Dakota and Maine, in the United States of America, bringing up the number of the States in which Registration is in force to forty-two.

## OUR ALLIES.

As this country has helped our Allies materially, so some of its trained nurses, realizing the exceeding need, are placing their skilled services at their disposal. The fact that English nurses have been working in Brussels is known to the world, and others have the honour of helping Dr. Depage in his noble work at La Panne. In France, the members of the French Flag Nursing Corps are working in military hospitals under the authority of the French War Office, and other British nurses are also to be found in French hospitals. In Russia also, British nurses have given evidence of their practical sympathy with the sick, the wounded, and the refugees, while in Serbia the services rendered by the various units from this country have been of the greatest value.

## OUR ROLL OF HONOUR.

It is impossible to conclude this brief review without referring to those nurses who have added lustre to the profession of which they were members by their heroism in the face of imminent death.

The thirty-six members of the New Zealand Army Nursing Service on the *Marquette*, torpedoed in the Aegean Sea, ten of whom were drowned, who one and all exclaimed when the captain of a French cruiser came to the rescue, "Fighting men first"; the Matron and Sisters on the hospital ship *Anglia*, who, when she was sinking fast, repelled would-be rescuers with the words, "We have the right to be last this time"; Nurse Rodwell, on the same ship, who remained below and went down with her "cot" cases, and Edith Cavell, whose patriotism, and disregard of self, in the discharge of what she believed to be her duty, are held in universal honour—all these have demonstrated to the world the British Nurse at her best. Besides these, nurses, too numerous to mention, have quietly and steadfastly done their duty at home and abroad, and added incalculably to the recovery, comfort, and health of sick and wounded soldiers and sailors.

## NURSES SHOULD POSSESS THESE BEAUTIFUL LINES.

The beautiful "In Memoriam" lines written by Miss H. Hawkins on the death of Miss Cavell, have been reprinted very tastefully in card form, in black and mauve, size, nine inches by seven. These cards are now on sale at 431, Oxford Street, London, W., at 2s. 6d. a dozen, or 3d. each. Half the profits are to be handed to the French Flag Nursing Corps Appeal Fund. Orders should be sent early, as the supply is limited.

## OUR PRIZE COMPETITION.

(a) NAME THREE DISEASES REQUIRING SPECIAL DIET; (b) GIVE PROPER MENU FOR A MEAL FOR EACH DISEASE.

We have pleasure in awarding the prize this week to Miss J. G. Gilechrist, Gillespie Crescent, Edinburgh.

## PRIZE PAPER.

Three types of disease which call for special diet are (1) Febrile, (2) Organic, (3) Functional, as typified by (1) Acute rheumatic fever, with its action on all tissues of the body; (2) Jaundice, with its action on the digestive processes in the liver failing to act; (3) Chronic constipation, with its action on the body by impaired intestinal functions.

(1) In acute rheumatism the high temperature of fever acts on the organs of the body by disturbing the balance of chemical processes and the normal functions of the alimentary tract; the excretion of carbonic acid and urea is largely increased, there is loss of appetite, disgust of food, and often vomiting, leading to rapid tissue waste. In diet, this must be neutralized by a sufficient supply of albumen, carbohydrates, and gelatines. The food must be readily absorbed and assimilated in case of gastro-intestinal change following the fermentation of indigested food. Abundance of fluid is required to flush the toxins out of the tissues and avoid congestion in the kidneys. Food should be given in measured quantities at stated intervals, 2½ hours, so that one may be able to state the amount of nourishment taken and condition of patient's appetite. At night, simple drinks to quench thirst are preferable to giving food, if nourishment is well taken during the day, as the digestive organs require rest during the twenty-four hours.

A mid-day meal for patient towards convalescence is:—Cup of Bovril with albumen water; two tablespoonsful calf's foot jelly; 6 oz. Imperial drink. To make:—Dissolve a teaspoonful of Bovril, or Lemco, or Oxo, in hot water; to a white of egg add twice its own volume of clear water, which gives about 3 oz.; strain through muslin, and stir into Bovril. Home-made calf's foot jelly is very delicious, but the process is rather troublesome if one is pressed for time. It may be had from a good dealer either sweetened or unsweetened, and is of more value than ordinary gelatine jelly. To make Imperial drink, take ½ oz. cream of tartar, juice of one lemon, two tablespoonsful sifted sugar. Place in jug, pour over a quart of boiling water, cover, and set aside until cold.



(2) In jaundice of a simple catarrhal kind, the functions of the bile which aids in the digestion and absorption of fats are deranged, and the bile prevented from getting into the intestine, the fats are there greatly increased, causing the patient to have a nauseous dislike of food, especially of a fatty nature. To counteract this, a simple and mainly protein diet is at first necessary. A mid-day meal for patient progressing in the early stages would be :—10 oz. of beef tea, thickened with scraped raw meat, with slice of toast or well-baked roll; steamed rice pudding, and stewed prunes; a small cupful of milk. To make beef tea, lean juicy meat is torn into shreds after all fat is cut away, placed in a jar with a little salt, covered with buttered paper, and allowed to simmer in a saucepan of water for about four hours. When ready, strain into jug, pressing all juice out of the meat with a spoon. A flavour of vegetables may be added if desired, a cupful of fresh chopped vegetables being tied up inside a muslin bag, and removed when ready for serving. Scraped raw meat should be made, in small quantities, of lean new meat, scraped until only the fibre is left behind, pounded in a mortar, and rubbed through a sieve into the beef tea.

Steamed rice is made with 1 oz. whole rice thoroughly washed and put into a jar with  $\frac{1}{2}$  pint of milk and a little sugar. Cover jar with greased paper, and put into saucepan with boiling water, steaming for over an hour. Stewed prunes should be first soaked for two hours in warm water. Put into saucepan half teacupful water, some sugar, and a little juice of lemon. When boiling, add the prunes, and simmer for an hour.

(3) Constipation is usually caused by errors of diet, such as deficiency of fluid, deficiency of fat, excess of meat, tea, and highly spiced foods, which have a derogatory effect. The principles of diet required are those rich in cellulose, as green vegetables, Scotch oatmeal and wholemeal, which by their residue aid mechanical action; vegetables and fruits such as figs, prunes, apples, dates, which aid in chemical action; fat, such as butter and cream, to act as lubricant; marmalade, honey, or treacle, to aid aperient action. Plenty of fluid between meals with a tumblerful of cold or hot water on rising, 7 a.m., and retiring, 10 p.m.

Breakfast meal, good-sized apple or other fruit, bowl of oatmeal porridge with cream or milk and cream; cup of tea, with toast and slice of brown bread, butter, and home-made marmalade.

To make porridge, soak meal overnight, which prevents it getting lumpy when simmer-

ing. Stir into boiling water, add a little salt, and cook slowly for about an hour. Tea should be freshly made. China tea is preferable, as made from the young leaf, or Typhoo Tipps tea, which contains very little tannin. Toast should be crisp and well browned.

Meals should be daintily served, a pretty tray and clean linen doing much to tempt the patient's appetite. The hygiene of the patient's mouth is another point to be observed, and a pleasant surprise in serving a meal on pretty china or with the addition of a vase with a favourite flower is often much appreciated.

#### HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss Dora Vine, Miss A. B. Owen, Miss P. Robinson, Miss E. James, Miss P. O'Brien.

#### QUESTION FOR NEXT WEEK.

State generally the symptoms of gastric ulcer, and the dangers arising therefrom. How would you feed a patient suffering from this disease?

#### WE PLACE OUR PROTEST ON RECORD.

The Report of King Edward's Hospital Fund for London was presented at a meeting of Governors last week. The same amount is to be distributed as last year, £133,500. We deeply regret to note that the Council has accepted £50,000 from a naturalised German. With the corpse of Edith Cavell hardly cold in her coffin, and our splendid soldiers who are prisoners in Germany spat upon, starving, and tied to stakes, we protest against one penny of German gold being used in the upkeep of our charities. If women were not rigorously excluded from the Council of King Edward's Fund, this money would not have been accepted without an indignant protest. As the mother of a British soldier, we place our protest on record.

#### TRUE TALES WITH A MORAL.

##### OVERHEARD IN THE WARD.

Prominent Politician's Daughter, visiting ward for the wounded.

P.P.D. (nodding fatuously from side to side) : "Are you wounded—and you—and you? Of course you are all wounded, and so are the poor dear Germans wounded much worse than we are."

Matron (in no uncertain voice) : "I am happy to hear it."

A sentiment uproariously supported by acclamation.

Exit in a flutter P.P.D.

## NURSING AND THE WAR.

THE FULHAM MILITARY HOSPITAL,  
HAMMERSMITH.

The Fulham Military Hospital, until recently the Fulham Infirmary, was honoured on Wednesday in last week by a visit from Her Majesty the Queen, attended by the Lady Mary Trefusis.

The visit was unexpected, and by the Queen's desire was informal, but Her Majesty showed the greatest interest in her visit, speaking to every patient in the wards which she visited, and charming all by her kindness and sympathy. Moreover, the Queen showed that she had a keen memory for what she had seen and heard in the wards, for, when visiting the X-ray room subsequently, on being shown radiographs of interesting cases, she immediately associated them with patients whose cases had been explained to her. Indeed, the Matron, Miss Ballantyne, and the nursing staff were charmed with the real interest and understanding shown by Her Majesty. The visit was no perfunctory one, and gave immense pleasure to all concerned.

The Commanding Officer of the hospital is Major Parsons, formerly Medical Superintendent of the Fulham Infirmary, and the Matron, Miss J. F. Ballantyne, whose portrait, kindly taken for this JOURNAL by Miss Ethel Barker, we have much pleasure in publishing. Miss Ballantyne was trained at Guy's Hospital, and was afterwards Sister, Night Superintendent, and Assistant Matron at the Lewisham Infirmary. Since 1903 Miss Ballantyne has been Matron of the Fulham Infirmary, until it was taken over as a military hospital last spring.

The Hospital at present contains over 900 beds, for the workhouse as well as the infirmary wards have been utilised so that nearly 1,000 beds are available. The great dining hall is utilised for meals for the convalescents, and also weekly entertainments are held there. In the laundry a fabulous number of articles are washed every week, the kitchen is a most cheerful and

attractive department of this great institution. In the linen room stacks of orderly linen testify to the good housewifery of the Matron and the Sister in whose charge it is. Indeed, the excellent qualifications of the Matron for this onerous position are apparent at every turn. She is evidently respected and liked by the nursing staff, and the patients hail her as a friend, while she carries the responsibility of the nursing and domestic arrangements, and the burden of many anxieties with a gaiety which must be a godsend in this house of pain.

Excellent work is being done in the X-ray department by Dr. Stoney, and an immense amount of pain is saved thereby, for not only can the presence of a foreign body be de-

finitely proved, but the depth at which it is embedded can be demonstrated to the fraction of an inch, thus the surgeon can locate it with certainty, and painful probings and explorations are no longer a necessary part of surgery in war time.

The patients at the Fulham Military Hospital are evidently well content with their surroundings, and receive every care that medical science and skilled nursing can suggest.

We have pleasure in publishing a portrait of Sister Martron, a Dutch Red Cross Nurse who has seen active service in every war of importance since that in the Transvaal, spending days and nights in the firing line. Sister Martron, who is shortly to be presented to the King, has received Boer, Albanian, French, Belgian and Serbian medals for her services.

Sister Martron, who has followed the flag of the wounded in many countries, has put the following evidence of brutal ill-treatment of British wounded by Germans on record. When travelling through Belgium in the early days of war, she writes:—

"The train had stopped at Landen, near Liège, and getting out I went towards an open cattle truck around which stood some fifty Germans, who to me appeared as if they were jeering some beasts. To my horror I found that their victims



Photo

[Ethel Barker, Putney.]

MISS J. F. BALLANTYNE.

were wounded English soldiers lying in the straw, their wounds gaping red, but dry, showing they had been exposed for days.

"I pushed my way through them and gazed into their faces, and to my horror they were covered with spittle and filth, and for a moment I completely lost my head and made for the nearest officer.

"'You brute,' I exclaimed, 'the wounded are sacred throughout the world. How dare you allow your men to behave like that to these heroic Englishmen?'

"He looked down furiously at me through his eyeglass, but he saw that I was in earnest and I continued to plead for them.

"Remember you are speaking to a German officer,' he said.

"Remember that the wounded are sacred of whatever nationality they are,' I replied.

"He did not like it, but he stopped his men,

and with that I was allowed to get near the two Tommies, who were lying beside their dead comrade. I wiped their poor faces, and never while I live will I forget the look of gratitude in their poor eyes as they kissed my hand. I do not know their names, and they died next day at Aachen, but I swore within myself, 'Some day that deed of German brutality will ring through England.'

Miss Hancox, the Superintendent of the Queen's Nurses at Sheffield, whose able management was recently referred to in these columns, had on the staff three Dutch nurses when War broke out who have been specially valuable in dealing with Belgians who have come under the care of the Queen Victoria's Jubilee Association Nurses in Sheffield, for they have been overjoyed to find themselves in the hands of those who could speak Flemish. One of the nurses was temporarily incapacitated by an accident, and the other two who had been "caught by the prevailing and very natural desire to don the little scarlet-edged cape, which is a distinguishing badge of the military nurse," withdrew their applications at the War Office, in acknowledgment of the kindness shown by the Association to their colleague. "As they can speak two or three languages, there is no doubt," said Miss Hancox, "that they would have been snapped up by the War Office."

The question of the employment of nurses belonging to neutral nations in military nursing is one which has caused considerable discussion. In our opinion, no neutral nurses should be

employed, in this war, in military hospitals at the Front. We believe that our French Allies have a rule that neutrals are not permitted to work in the War zone, and we think this attitude is the right one, though it may be hard on some of our friends.

A letter was read from Nurse Harvey at the last meeting of the Darlington Board of Guardians thanking the Board for the handsome gratuity granted by the Board for her services during the past year in nursing wounded soldiers. She also thanked the Board for granting her special leave from her duties to go out to France and do nursing on active service.

The formation of a Sisterhood in New Zealand called the New Zealand Volunteer Sisters, is evidence of the desire of women in the Dominion to assist at this crisis; but we are not so sure that

the movement is well conceived. The object is to organize bodies of sensible, intelligent women to go abroad to nurse and tend the sick and wounded, and so far the supply of trained nurses has not fallen short. The Volunteer Sisters are asked "to give up one year of their life for practically no payment at all, for the good of their race and nation." But the payment actually to be provided is (1) Maintenance, (2) uniform, (3) transport to Egypt or elsewhere, (4) insurance against illness, accident and death, (5) a personal allowance of 10s. per week. These emoluments cannot be reckoned at a less rate than £130-£140 per annum, which must be considered full value for untrained workers, and many

highly trained women do not earn more.

We were told not long since by an experienced nurse from one of our Overseas Dominions, that when she was selected for active service there were 1,500 fully trained nurses desirous to obtain the appointment. If expert nurses are still available in these numbers, why bring untrained and unseasoned workers from the Antipodes?

Messrs. Boots, chemists, whose establishments in London and throughout the country are well known to and very popular with nurses, publish an admirable illustrated booklet "On Active Service," giving information as to the many useful specialities they supply in this connection. Nurses visiting these establishments should ask for "Toxol" manufactured by Boots Pure Drug Co., Ltd., an all-British Antiseptic which is found in use to be most satisfactory.



SISTER MARTRON.

## FRENCH FLAG NURSING CORPS.

Miss Grace Ellison left for Paris on Saturday last, having dined with the President, Mme. la Vicomtesse de la Panouse on the previous evening, and consulted her concerning the future development of the Corps, in which she is deeply interested.

The Canadian unit of ten thoroughly trained Sisters sails from St. John, New Brunswick, on December 25th, and hopes to arrive in England early in the New Year. This unit has been organised through the Canadian National Association of Trained Nurses, and the transport and equipment expenses provided by the generosity of the public, which is estimated at four hundred dollars for each nurse. The railway and steamship companies have most kindly provided tickets at half price. Both the Committee of the F.F.N.C. and the French Government are deeply indebted to the Canadian Nurses' National Association, and especially to the ladies who compose the War Committee, including Miss Jean L. Gunn, Lady Superintendent of the Toronto General Hospital, and Miss Anna M. Weyer, the Secretary, for so carefully selecting the right type of nurse for this special pioneer work in French military hospitals. The unit is in charge of Miss Helen McMurrick, graduate and past instructress in Montreal General Hospital, recently engaged in social work in Philadelphia and Toronto, and is composed of Miss Agnes Hanley, Assistant Superintendent, Western Hospital, Toronto; Miss Mabel Joice, Miss Miriam Hitchcock, Miss Bertha Smith, Miss Louise Hopkins, Miss Laura Robinson, Miss Florence Morris, Miss Harriet O'Brien, and Miss Emily O'Brien.

We feel sure their National Council colleagues in Britain will wish to meet their Canadian cousins, and show them some hospitality during the few days they will remain in London (wrestling with passports) *en route* for France.

Several new members of the Corps will leave for France on December 31st.

Through the good offices of Miss Edith Gregory, Matron of the Hôpital Temporaire, Talence, Bordeaux, we have had the privilege of reading in the original the fine oration spoken by M. Baylet in honour of Miss Edith Cavell at the Athenæum Municipal, Bordeaux, on December 4th. In our next issue we hope to give an abridged translation of this magnificent tribute to our martyred colleague.

Miss Gregory writes from Talence: "I think you will be very interested and pleased to know that we are getting up a French play for Christmas week. The Sisters are taking all the parts, and for men are just going to wear long coats and wigs. Everything will be quite 'correct.' It will be very amusing and will give great pleasure. Mme.

de Luz, from the Chateau near by, is helping us by lending scenery and properties. A real love for the French language would make such a difference to the working of the Corps."

A Sister writes from Besançon: "At present we have 80 patients, most of whom are *blesés*. Though this is much less than our usual number, we are kept busy. We spend the mornings in the *Salle de Pansements* doing dressings. In the afternoon we do friction, massage, take temperatures and pulses, &c. Our present 'major' is greatly in favour of friction with *alcool camphré* for the *blesés* whose joint movements are injured. Our Médecin Chef has asked us to renew our engagement. We are pleased to do so, for it would be a real grief to us now to leave our dear patients. With regard to holidays, we have decided not to take them just yet.

"As you can understand gifts of any kind would be acceptable, surgical dressings, pillows, socks, eatables, &c. The hospital is not over well supplied and we have a great many patients passing through our hands. We have been shown every kindness and consideration since coming here, and we are greatly attached to our patients. These are possessed of a courage and power of endurance which one would think scarcely possible."

### GIFTS FOR SICK AND WOUNDED.

The following gifts have been received at the office, 431, Oxford Street, London, W., through the appeal in the *Observer*, and have been packed by Miss H. Hawkins, Assist. Hon. Secretary, and sent to France:—

Miss Eden: 2 waistcoats, socks, helmets, 1 pair breeches, 1 pair gaiters.

Miss Haines: 5 pairs knitted socks.

Frederick Impey, Esq.: 11 handkerchiefs.

Miss M. Butterworth: 4 scarves, 4 pairs mittens.

Miss Helmore: ½ gross bobbins.

Miss E. Bennett: 1 pair socks, 4 pairs knitting pins, 20 lace bobbins.

Lady Morley: 1 lace pillow, knitting needles.

Lady Swan: 2 pairs shoes, 6 khaki handkerchiefs, 6 white handkerchiefs, 1 body belt.

Miss M. Brothers: 1 pair socks, 1 pack cards, 1 puzzle.

Miss M. Breay: 3 mufflers.

Miss Farewell: 2 shirts.

Mr. Death: 1 pair socks.

G. F. S., *per* Miss Sime: 1 pair bed socks, 4 ring pads, 1 pair mittens, 5 bedgowns.

Mrs. Atkins: 2 night shirts.

Mrs. Alfred Paine: 80 pairs slippers, 40 pairs flannel boots, 9 pairs socks, 2 pairs bed socks.

Mrs. Blackler: 2 mufflers, 1 pair mittens, 1 pair wool leggings.

Miss Davies: 6 pairs socks.

Misses M. C. and J. Hawkins: 4 shirts, 2 pairs socks, 2 pairs mittens.

Mrs. Percy: 1 pair pyjamas.

Miss E. Webber: 4 pairs socks.



Mrs. E. Hopgood: 1 pair socks, 1 belt, 1 muffler, 1 pair cuffs, 1 chest protector.

Miss Parker: 6 pairs socks.

Miss G. B. Hunt: 3 scarves, 24 khaki handkerchiefs, 1 box soap, 1 box tooth brushes, 6 pairs socks, 4 comb bags, 2 fancy handkerchiefs, 2 mittens, 1 body belt.

Mrs. Clarke Morris: 1 shirt, 3 belts, 4 scarves, 3 pairs cuffs.

Mrs. Newgars: 2 pairs bed socks, 2 pairs slippers, 3 bed jackets.

Miss M. Cooper: 8 pairs socks.

Miss Bompas: 1 lace pillow, lace bobbins, 1 vest, 4 bath towels, 10 pairs socks, 12 mufflers, 1 nightingale, 2 work cases, 2 pairs drawers, 4 shirts, 4 pairs shoes, 4 flannel shirts, 8 handkerchiefs.

Rev. E. G. Hall, Rev. — Meaden, Miss Richardson, Mrs. Simmons, Mrs. Baker, Miss George: each 1 pair of socks.

40 flannel shirts, 39 pairs socks, 1 large sack of roller bandages.

Mrs. W. B. Maurice: 4 flannel shirts, 6 pairs socks, 2 pairs mittens, 1 body belt.

Miss E. Thompson: 2 pairs socks, 6 handkerchiefs, 1 scarf, old linen.

Mrs. and Miss Wish: 2 caps, 3 pairs socks, 7 handkerchiefs, 1 muffler, 1 pair mittens, 3 packs dominoes, 5 writing cases.

Miss Lucy Gamble: 3 pairs socks, 2 pairs gloves, 1 scarf.

Mrs. Rodocanachie: 6 pairs mittens, 7 pairs socks, 12 packs cards.

Central Depot, Surgical Branch, Queen Mary's Needlework Guild, by request of Her Royal Highness Princess Henry of Battenberg: 4 cases of bandages and shoes.

Miss Mary Osmond, for Miss Gregory, Talence, Bordeaux: 2 flannel shirts, 6 hot-water bottle covers, 1 lb. tea, 7 pairs mittens, 6 pairs cuffs, 4 pairs socks, 1 muffler, lace thread, 2 packets of chocolate.

Miss Green: knitting needles.

Mrs. Francis Lyon: 4 dozen khaki handkerchiefs.

Presents of cigarettes and tobacco can be got through, but playing cards should not be sent, as they are not permitted to be sent to France.

## JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in Home Hospitals:—

*Sirachur Park, Lock-Lyne-Side.*—Miss M. McGrow.

*V.A.D. Hosp., Spendon, near Derby.*—Miss F. A. Martin.

*Auxiliary Military Hosp., Minchad.*—Miss C. Mullen.

*Clandon Park, near Guildford.*—Miss E. P. Brennan, Mrs. C. Scott, Miss N. Woolf.

*Hospital, The Convent, Rye, Sussex.*—Miss R. Belton.

*V.A.D. Hospital, Dunsdale, Westerham, Kent.*—Miss P. E. Pluppe, Miss Frances Morry.

*Voluntary Hospital, Branksmere, Southsea.*—Miss E. Lincoln.

*V.A.D. Hospital, Strood, Kent.*—Miss L. Doxey, Miss K. Jones Bennett, Miss Kay, Miss E. H. Reed.

*Highams Military Hospital, Woodford, Essex.*—Miss A. McLean.

*44, St. James's Court, S.W.*—Miss M. F. Nicholson.

*Auxiliary Military Hosp., Brook House, Levenshulme.*—Miss A. B. Williams, Miss M. E. Price.

*The Cecils, Manor Road, Worthing.*—Miss M. Elliot-Smith.

*St. John's Hospital, The Mount, Faversham.*—Miss I. Hawson.

*V.A.D. Hospital, Ystrad Isaf, Denbigh.*—Miss D. G. Dean.

*V.A.D. Hospital, Greenhill, Sherborne, Dorset.*—Miss M. Hall.

*9, Eastern Terrace, Brighton.*—Miss E. L. Purkis.

*Auxiliary Military Hospital, Moor Park, Preston.*—Miss M. Boulton.

*Auxiliary Military Hospital, Oakley Manor, Shrewsbury.*—Miss M. E. Crocker.

*Yarrow Military Hospital, Broadstairs.*—Miss L. M. Masheda.

*Voluntary Hospital, Rust Hall, Tunbridge Wells.*—Miss E. A. Wickham.

*Highland Moors Hospital, Llandrindod Wells.*—Miss Grace Jenkins.

*Red Cross Hospital, The Warren, Leamington.*—Mrs. Nye.

*Lund Wood Hospital, Barnsley.*—Miss M. J. Dunne.

*V.A.D. Hospital, Hanover Park, Camberwell.*—Miss E. J. Hurlston.

*St. John's Hospital, 67, High St., Faversham.*—Miss G. Barrett.

*Red Cross Hospital, Alderley Road, Wilmslow, Cheshire.*—Miss M. Leack.

*Red Cross Hospital, Mumbles, Swansea.*—Miss G. Magson.

*V.A.D. Hospital, Cliff House, Caversham, Reading.*—Miss E. G. Randall.

*V.A.D. Hospital, Blackwater Road, Eastbourne.*—Miss M. E. Shimmun.

*Princess Christian Hospital, Englefield Green, Egham.*—Miss C. E. Wilson.

*V.A.D. Hospital, The Tower, Rainhill, Lanes.*—Miss M. Wallace.

*Red Cross Hospital, Gloucester.*—Miss M. Wilkins.

THE ANGLO-ITALIAN HOSPITAL, PALERMO.

The Anglo-Italian unit for Palermo, Sicily, left England on Wednesday.

Matron, Miss E. M. Blease.

Theatre Sister, Miss N. Coulson.

Sisters, Miss Mary Nation, Miss Emily M. Haywood, Miss J. M. Searle, Miss Elizabeth Porter, Miss Elizabeth B. McAfee.

Massense, Miss M. F. Nicholson.

Staff Nurses, Miss Ada Scovell, Mrs. A. M. Alexander.

## MORTUARIES.

The time is within the memory of most nurses when hospital mortuaries were places that were shunned and rarely visited; indeed, nurses frequently passed through the whole of their training without ever being inside the hospital mortuary at all, while no visitor to the hospital was ever taken there, the reason of course being

for a pall, a sight altogether so gruesome that it was no uncommon thing, especially in the medical wards, for several other deaths to follow in quick succession.

It is perhaps natural that in our hospitals the mortuaries, which are always out of sight, should be the last department to be reformed. But there were other reasons. The mortuaries were out of the Matron's province, and the average

hospital porter, though he may be a man of many excellences, has seldom the instinct or desire to transform a bare, whitewashed mortuary—furnished with trestles and shells. Such mortuaries were terrible places, which depressed and horrified instead of comforting the mourners, and indeed were a disgrace to all concerned, even if hygienically clean, though this was by no means always the case.

But when the Matrons began to consider the question of mortuaries and to claim that they should be in charge of the nursing staff, a change for the better became slowly apparent—slowly, because there was little money available for beautifying them, nor did committees see the need for expenditure in this direction. The writer well remembers that, when she visited many of the London mortuaries nineteen years ago, in one case the washhouse was used as the mortuary. In another the only place where relatives could see the bodies of their deceased friends was on the table of the post-mortem room. In yet a third the bodies were kept in numbered

pigeon holes and run out should the relatives wish to see them, while in a fourth the sole coverings of the lidless shells were white dustsheets, and however many shells, occupied and empty, were lying in the mortuary the relatives of one patient must perforce see them all.

Contrast this with the really beautiful mortuary chapels now to be found at many of our hospitals,



THE NEW MORTUARY CHAPEL, THE ROYAL FREE HOSPITAL.

that the mortuary was a squalid, unlovely place, lacking the softening influence of woman, the refinement of art, the beauty of holiness. The dead, who up to the moment of the loosening of the silver cord had had every care and tenderness lavished upon them, were moved from the wards in the commonest shells, on the shoulders of stalwart porters, a bit of old serge doing duty

the latest being that dedicated by the Bishop of London at the Royal Free Hospital, W.C., on Nov. 27th, a photograph of which, by the kindness of the Matron, is here reproduced. The dark oak reredos, the cross, lights and flowers on the altar, the white walls panelled in grey, and the warm red tiles, all contribute to the harmonious whole and to the restful atmosphere which pervades the little chapel. And as should always be the case, *prie-dieux* are provided; for one of the uses of a mortuary chapel certainly is that of a place where the mourners can unburden their griefs at the foot of the cross, and commend to the keeping of the All Wise and All Loving the souls of the faithful departed ripening in sunny Paradise. Such a chapel cannot fail to uplift, strengthen and console.

Another London mortuary, beautiful in its stately severity and simplicity, is that at Charing Cross Hospital; and one which is an example of how much may be made of a small space is the one at the London Homœopathic Hospital, with beautiful white linen palls bordered with red, upon which appropriate texts have been embroidered, the chief ornament of which is a Guardian Angel pointing aloft, an anonymous gift, the donor of which is unknown.

Dead dead! they have become

Like guardian angels to us;

And distant heaven, like home,

Through them begins to woo us.

Love that was earthly wings

Its flight to holier places;

The dead are sacred things

That multiply our graces.

"In the place where he was crucified there was a garden, and in the garden a new sepulchre."

Ever since the feet of the risen Lord trod the paths of the garden where His sepulchre was hewn His disciples have loved to surround their dead with flowers, signifying their belief in a joyful resurrection. When we kneel in prayer in our mortuary chapels in the presence of those whom we have nursed in life, and whose eyes we have closed in death, we do well to make their sepulchre a garden. As our thoughts follow them into the unseen world we recall the words of a great preacher: "As to the eternal question, we know of him what is all that we can ever know of anyone removed beyond the veil which shelters the unseen from the prying of curiosity—that he is in the hands of the Wise and Loving. Spirit has mingled with spirit. A child more or less erring has gone home. Unloved of his Father? Believe it who may, that will not I."

"God sometimes puts his children to bed in the dark."

"Eternal rest grant them, O Lord, and let light perpetual shine upon them."

M. B.

Miss Amy Turton writes from Pallanza, Italy: "How beautiful the choice of that nurse to drown with her patients; surely she and Edith Cavell will find themselves near in Paradise."

## THE MEMBERS OF THE JAPANESE RED CROSS MISSION HONOURED.

AT BUCKINGHAM PALACE.

On Wednesday, December 15th, the King and Queen received at Buckingham Palace Dr. Jiro Suzuki, Dr. Tsuneyoshi Oshuma, Miss Yao Yamamoto, and Miss Shigo Kiyooka (Matrons) of the Japanese Red Cross Mission to this country. Their Majesties received the members of the Mission most cordially, talking to them for some time about their work and its organisation, after which the King invested the medical men with the insignia of Companions of the Most Distinguished Order of St. Michael and St. George, and the Matrons with the Royal Red Cross, 1st Class.

AT THE MANSION HOUSE.

The Mission, after a year's most admirable work at Netley Hospital is returning to Japan, and on Dec. 17th the doctors, matrons, twenty nurses, and two male staff assistants were entertained at the Mansion House by Colonel and Alderman Sir Charles Wakefield, the Lord Mayor, and the Lady Mayoress, with the Japanese Ambassador and the Marchioness Inouye, and other distinguished guests.

After the toast of "The King" that of "The Emperor of Japan" was proposed by the Lord Mayor, who expressed the profound gratitude which the City of London and the Empire at large entertained for the splendid services which the Mission had so sympathetically rendered to our sick and wounded soldiers and sailors at Netley during the past year. Many a wounded soldier for the rest of his life would retain the warmest feeling of affection and gratitude for the tender and devoted services of their kind friends from Japan.

The Mission had brought from the Japanese Red Cross Society a most valuable gift of medical and surgical stores, and all its expenses had been defrayed by the Society. His Majesty the King had shown his appreciation of the services of the Mission by receiving the leading members at Buckingham Palace, and investing them with the decoration either of the Order of St. Michael and St. George or the Royal Red Cross. By that gracious action of His Majesty national recognition had been rendered for their services.

Dr. Suzuki suitably replied, and the Japanese Ambassador, in proposing the health of the Lord Mayor and the Lady Mayoress said that the honour accorded by them to the Mission was highly appreciated, not only by it, but by him as the representative of the Japanese nation, and the kindness shown by them to his countrymen and countrywomen would be highly appreciated throughout Japan. In tending the gallant British wounded the members of the Mission had but shown their warm sympathy with the cause the Allies had now in hand. It was in this way that the Japanese had united

in cementing the friendship that they had for those who were fighting for the great cause of humanity that day.

#### AT MARLBOROUGH HOUSE.

On the afternoon of the same day the members of the Mission, accompanied by officials of the British Red Cross Society, and Sir Warren Crook Lawless, Commandant, and Miss Cusson, Matron of the Red Cross Hospital at Netley, were received by Queen Alexandra and Princess Victoria at Marlborough House. Her Majesty, who received the visitors in the saloon, delighted them by her gracious reception, and by the gift of a charming brooch to each of the nurses, and of a scarf pin to the male members of the Mission.

An address was presented to Queen Alexandra on behalf of the Mission, and Her Majesty handed a cordial reply which, by her special wish, is to be translated into Japanese. This document, expressing Queen Alexandra's appreciation of the services of the Mission to the sick and wounded at Netley Hospital, will be a treasured possession of the Japanese Red Cross Society.

British nurses who have met their charming Japanese colleagues, will rejoice that they have received the recognition they so richly deserve.

## THE CARE OF THE WOUNDED.

### BRITISH RED CROSS SOCIETY, CAMBERWELL DIVISION.

On Saturday, December 18th, the Hanover Park Hospital, in the Camberwell Division of the British Red Cross Society, was opened by the Marchioness of Ripon. After dedicatory prayers had been said by the Rev. S. J. Carlton, followed by the singing of the first verse of the National Anthem, the Chairman—the Mayor of Camberwell, Alderman G. J. Holvery, J.P., called upon the Divisional Secretary, Mr. C. W. Tagg, to report the steps taken to maintain and organise the Hospital. Mr. Tagg told the meeting that the building was one of twenty submitted to the War Office at the commencement of the War, as suitable for the purposes of a Hospital, should it be required. It had been accepted subject to certain structural and sanitary alterations, which had been carried out. He spoke in terms of gratitude, which subsequent speakers endorsed, of the great generosity of Messrs. Jones & Higgins (drapers) who had not only handed over the premises rent free, but were also supplying the electric current for lighting without charge, and had laid down linoleum throughout, and had made a handsome donation besides. After the Mayor had reported upon the financial position of the Hospital, the Marchioness announced that she had great pleasure in declaring the building open. A Guard of Honour to receive Lady Ripon was mounted by the 25th (County of London) Detachments.

In moving a vote of thanks to the Committee, Officers, and Members of the Division, Dr. Sand-

with spoke in praise of the District of Camberwell, which had been one of the first of the twenty Boroughs of London to establish a Red Cross Division; he was in some measure responsible for all of them, and he much regretted that there were still eight which had no Red Cross Division. He thought that the words of Nelson: "There is nothing the Navy cannot do" was deservedly applicable to Camberwell. The reason—the doctor said—that Camberwell was such a success, was that the Mayors had always helped, and the Mayor usually carries the Council with him.

The Society is fortunate in having secured the services of Miss E. J. Hurlston as Matron, who was trained at St. Bartholomew's Hospital, and has had considerable experience, not only in nursing, but in administrative work, as Sister-in-Charge of the Muirfield Hospital for Children at Gullane, N.B. Her cheerfulness and charm of manner are characteristics which make her peculiarly suitable to the post.

The building, which has been admirably adapted, has accommodation for 35 convalescent soldiers. All the most essential equipment has been supplied—and we particularly admired the strong, good beds and bedding—but many things are still required, and an appeal was made to the residents to supply the deficiencies. Miss Hurlston is assisted by a staff of V.A.D. workers, and let us hope that trained help will be provided to take charge of the Hospital during the necessary hours off duty of the Matron. This arrangement is, in our opinion, quite indispensable.

B. K.

#### THE SERBIAN UNITS.

We learn from Lady Grogan (Serbian Relief Fund), that the British Ambassador at Washington has cabled that he has learnt from private sources that the British Farmers', the Wounded Allies', the British Red Cross, and the Scottish Women's Hospitals are in Bulgarian hands.

According to information received, nine members of the British Farmers' Hospital (names not given), together with some sixty members of other units, reached Montenegro in November, and Sir Ralph Paget hoped they would reach Brindisi shortly.

Mrs. Parsons, wife of Mr. F. C. Parsons, Administrator of the Second British Farmers' Hospital, has sent to Lady Grogan the following extract from a letter from him, written from Vrnatchka Banja, and dated November 21st: "We ran a hospital here until three days ago, with about 100 patients. Half of these have now been sent to other hospitals and half have been sent away from this town. It is probable that in about a week we shall move to Krushevatz, in order to nurse Serb wounded of whom there are said to be a large number. The Austrians have treated us most kindly. We now number thirty-one and are all well."

A letter has been received from Miss Dora Johnson (nurse on Lady Paget's staff), written to her parents, from Skopje: "We are all very well, very happy and very busy. . . . Do not write, as it would be waste of time."



## APPOINTMENTS.

### MATRON.

**Sir Alfred Jones' Memorial Hospital, Garston.**—Miss A. M. Louth has been appointed Matron. She was trained at the Bury Infirmary, where she held the position of Night Superintendent. She has also been Charge Nurse and Theatre Sister at North Shields Infirmary; Sister and Theatre Sister at Leigh Infirmary; and Matron of the Knight Memorial Hospital, Blyth, Northumberland.

### NURSE-MATRON.

**Thomas Knight Memorial Hospital, Blyth, Northumberland.**—Miss J. Davidson has been appointed Matron. She was trained at the Withington Training School for Nurses; and has also held positions at the Royal Free Hospital, London; the Watford Joint Hospital; and the Viridin General Hospital, Montreal.

### ASSISTANT MATRON.

**West Ham Union.**—Miss Rachel Holland has been appointed Assistant Matron at the West Ham Workhouse. She has previously held the position of Charge Nurse.

### HEALTH VISITOR AND SCHOOL NURSE.

**Hampshire County Council, The Castle, Winchester.**—Miss Estelle Stevenson has been appointed Tuberculosis Nurse, Health Visitor and School Nurse. She was trained at the Ruchill Hospital, Glasgow, and at the Queen's Hospital Birmingham; and has had experience in School and District Nursing in Welshpool.

### SISTER.

**General Infirmary, Stafford.**—Miss J. Law has been appointed Sister. She was trained at the Taunton and Somerset Hospital, where she subsequently held the position of Sister and Night Superintendent. She has also been Night Sister at the Yarrow Military Hospital, Broadstairs.

### STAFF NURSE.

**Boscombe Royal Victoria and West Hampshire Hospital.**—Miss Ethel Staples has been appointed Staff Nurse. She was trained at the Bridgewater Hospital.

### NURSE.

**Cottage Hospital, Hendon.**—Miss Grainger has been appointed Nurse. She was trained at the West Bromwich Infirmary, and has had experience of private nursing.

## QUEEN VICTORIA JUBILEE INSTITUTE.

### TRANSFERS AND APPOINTMENTS.

Miss Ethel M. Pitts-Smith is appointed to Central St. Pancras as Superintendent.

Miss Pitts-Smith received General Training at Tottenham Hospital and District Training at Bloomsbury. She has since held several appointments under the Institute.

Miss Rosa E. Asbury is appointed to Liverpool (Walton Home) as Senior Nurse; Miss Jessie Cubbon, to Birmingham (Summerhill Road Home); Miss Emily R. Gosling, to Liverpool (Walton

Home); Miss Mary A. Green, to Droylsden as Senior Nurse; Miss Elizabeth Gregory, to Kidderminster as Senior Nurse; Miss Katharine Mackay, to East London (Stepney); Miss Edith Plumbly, to Winterton and Appleby; Miss Blanche Rundle, to Droylsden; Miss Mary J. Scott, to Grantham as Senior Nurse; Miss Isabella Strickland, to Wakefield as Senior Nurse.

### EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, DECEMBER 16TH, 1915.

1.—What is the difference between inspired and expired air? How does this show the necessity for good ventilation?

2.—You are engaged to nurse a midwifery case under a doctor in the patient's own home; what are your duties with regard to summoning the doctor, and what things would you mention in making your daily report to him, after the baby is born?

3.—Give a detailed account of your work at a morning visit to the following cases:—(1) Pneumonia; (2) Cystitis.

4.—What do you understand by the following terms:—(1) Edema; (2) Cyanosis; (3) Dyspnoea; (4) Cheyne Stokes breathing; (5) Pediculi Capitis.

5.—What are the causes of Diarrhoea and Vomiting in young children? How may the nurse assist in dealing with such cases?

6.—Under what circumstances would you advise a patient to apply to the Board of Guardians or Poor Law Authorities:—(a) for relief; (b) for medical assistance; and how would you tell the applicant to proceed?

## THE PASSING BELL.

The President of the Society for the State Registration of Trained Nurses (Mrs. Bedford Fenwick), and of the Matrons' Council (Miss M. Heather Bigg) have received from Mr. and Mrs. Fletcher Buckingham, the relatives of the late Miss Maude A. Buckingham, expressions of thanks for the tokens of appreciation and regard sent on the occasion of her funeral at Kensal Green Cemetery.

### DEATH OF MISS EMELINE EVANS.

We regret to record the death of Miss Emeline Evans, Lady Superintendent of the Sheffield Nurses' Home, 282, Western Bank, Sheffield, which occurred with tragic suddenness at the Lyceum Theatre in that city on December 15th. Miss Evans was noticed to be in a state of collapse at the back of the dress circle and a medical man near by at once went to her assistance. Artificial respiration was performed without result, and after the staff at the Home had been notified the body was removed on an ambulance. Miss Evans, who did pioneer work in connection with the Queen Victoria Nursing Association in the city was, at the time of her death, Superintendent and proprietor of the Sheffield Nurses' Home. She had many friends in the city and will be greatly missed.

## NURSING ECHOES.

The Editor begs to thank all "the faithful" who have sent her such kind letters and cards of greeting during the week. She heartily reciprocates all their good wishes for a Christmas as happy as may be under the circumstances. Let us hope that by this time next year this grievous war may have ended in complete victory for those who love liberty and ensue it.

At this time of year we welcome several League Journals, amongst them that of the Kensington Infirmary Nurses' League, which is edited by the Infirmary Chaplain, the Rev. A. Lombardini, and which evidently proves a very interesting link between the members. This publication does not profess to be a professional journal, but, what is really required, it is an interesting report of affairs in connection with the Infirmary, and of the doings of the members. It is exceedingly well illustrated, and is thus assured of popularity.

It is proposed to place a memorial, to cost £50, in the church, to the late Miss Cavell, and Miss Alsop, the Matron, will be pleased to receive subscriptions for this purpose: 825 shillings are still needed—no doubt they will soon be in hand.

Sister Hunter, the acting Assistant Matron, so deservedly popular at Kensington, came of age so far as her service is concerned during this year, an event which was appropriately signalled by the presentation to her of several testimonials, and a picture appears in the journal of Sister Hunter admiring her treasures—the oak writing desk and candlesticks, given by the nursing staff—and the beautiful Queen Anne teapot, the gift of the lady Guardians.

Sister Bale, F.F.N.C., writes with tact and sympathy on "Nursing French Wounded" at Evreux, where she has done most devoted service for upwards of a year, and Sister Gaudin, F.F.N.C., tells of the work at Eprenay, where her excellent knowledge of French has enabled her to be of great use to the patients under very primitive conditions. Both Sisters evidently appreciate the fact that they are attached to the French Service de Santé to help to mend, and not to criticise defects in its nursing organization, and in this spirit they are both proving their value.

The Roll of Honour of the Kensington Infirmary Nurses' League shows that 39 members and associates are on active service.

The Nurses' Annual Reunion will take place on January 6th at 3 p.m., and they are invited

"to come and stay all the evening," to which invitation all who are able will doubtless respond with pleasure.

The *Daily Telegraph* correspondent reports from Rome:—"In the Chamber to-day the Independent Socialist Deputy Altobelli honoured the memory of Miss Edith Cavell, saying that she was brutally murdered by German barbarians because she had worked miracles of compassion and pity. (Loud cheers.) He longed for the day of peace, when such crimes would be no longer possible, and it was for this victory of right and liberty that Italy was fighting.

"The speaker's remarks were received with sympathetic and prolonged applause, all the Deputies being greatly moved."

Miss A. E. Hogg, Matron of the Scuola Convitto Regina d'Italie at Florence, has sent to Mrs. Bedford Fenwick, President of the National Council of Trained Nurses of Great Britain and Ireland, a cheque for twenty shillings, the contribution of members of the school to the *Daily Telegraph* Cavell Memorial Fund. The cheque has been forwarded to the editor of our contemporary.

At the fiftieth annual meeting of the Manchester and Salford Sick Poor and Private Nursing Institution, held in the Town Hall, under the presidency of the Lord Mayor (Alderman Copeland), it was mentioned that Miss Edith Cavell was, during 1906-7, the Superintendent of the Bradford (Manchester) District Home. On the proposal of the Lady Mayoress it was decided to endeavour to raise a fund of not less than £2,000 to buy an annuity, with which to engage a permanent additional nurse for the sick to perpetuate Miss Cavell's memory.

Bishop Welldon expressed the hope that her name might be perpetuated by the municipality, by giving it to some street, and said he knew that the Chapter of the Cathedral would welcome the gift of a memorial tablet.

Dr. A. T. Helme, the Hon. Secretary, mentioned that an Approved Society had sent a special contribution on account of the nursing of its members. It was hoped that more would be induced to make suitable payment for the valuable services of the District Nurses, who, by assisting the sick members to more speedy recovery from illness, were saving the Society's funds.

We have great pleasure in announcing that the Prince of Wales has given a donation of £25 to the Dartmoor Nursing Association towards the initial expenses of a nurse for one district, increased his annual subscription to £25, and given a further donation of £25 towards the initial expenses of a nurse for another district.

The claims of district nursing associations to support are too often overlooked.

A successful concert was recently given by the Hendon Volunteer Training Corps in the Parish Hall, the Broadway, Hendon, with the object of supporting the effort to raise £100 a year for a district nurse at West Hendon, as it is felt that the services of Nurse Cox, who has worked there for some years, should, if possible, be retained.

The receipts amounted to £10, a contribution which will be greatly appreciated.

Lady Wimborne was present at the annual meeting of the St. Lawrence's Catholic Home for Nurses (Q.V.J.L.) at 34, Rutland Square, Dublin, when the Right Hon. the Master of the Rolls presided, and, supporting the motion for the adoption of the Report, said how proud she was to be wearing the medal of the Queen Victoria Jubilee Nurses' Central Institute, which had been pinned on by the Queen Mother. She had a great knowledge of the work of Queen's Nurses, the value of which was incalculable. In such Homes as they were in at present they received a perfect training, and she appealed to all to help it.

The Chairman expressed great regret that it should be necessary to reduce the number of nurses.

## TOYS FOR TINIES.

We own to a twinge of conscience when boxes of toys began to arrive for the "Tinies." We had not invited kind friends to send them this year, as we felt that the majority of our readers were giving with the utmost generosity all that they could spare to fatherless children they knew, and we have been so overburdened with work, we hesitated to add to it. That is why we felt the prick. We have to thank Sister Mason, R.N.S., for two lovely dolls, Sister Grant for a box full of dollies, Miss E. Taylor for balls, goliwogs and crackers, Miss A. Martin for books, trumpets and dolls, Mrs. Long for sweets and toys, Miss A. Carter for bricks, trains and sweets. All these delightful gifts will gladden the hearts of children of very poor, overworked widows, and the kind donors may rest assured they will make Christmas a very happy time for them.

## SOME HOSPITALS I HAVE SEEN.

(Continued from page 509.)

Victoria, on the island of Vancouver, and the town of Vancouver on the mainland of British Columbia, present many interesting points of contrast. The former has been established for the past 60 years or more; it is a conservative city, clinging—I should imagine—a little too closely to traditions and precedents. The channel, which is crossed in four hours, brings one to the great, bustling City of Vancouver. Until 1886 the site on which it stands was covered with dense forest! So phenomenal has been its growth, its population of 207,000 is more than three times the size of that of Victoria. The growth of this town has to do with the story of the romance of a great transcontinental railway, the *thin steel line* which connects the east with the west, and of which Vancouver is the Pacific terminus—the Canadian Pacific Railway, commonly called the C.P.R. One of the essential needs of a great town throbbing with business activities is, of course, a hospital, suitable in size and to the requirements of its modern life. This is supplied admirably by the

### VANCOUVER GENERAL HOSPITAL.

It is interesting to note that not only in equipment, treatment, and—as a natural corollary—training, are rapid changes taking place, but in hospital construction as well. Here, as in others I have seen, the "unit system" obtains. The unit consists of 1 public ward, 4 semi-private rooms, 5 private rooms, with the necessary diet kitchens and offices. This fine hospital, beautifully situated on high ground, has accommodation for 492 patients, and has been a training school since 1890. It is partly supported by the State and partly by the Province. The three years' training includes three months' midwifery, which is supplied by the Maternity Department of the hospital. We cannot help hoping that in the near future six months will be the minimum period of time for training in this important branch of nursing, following the example of the Rotunda, Dublin. The City Contagious Diseases Hospital is incorporated in this building, and one block is devoted to the needs of advanced phthisical cases—a very happy idea. The idea of the "Silent Zone" area about the hospital is also admirable; it is a question of street construction. The Department of Nursing, which appears to be making the most rapid progress, is the long-neglected one of *Dietetics*. Among the staff of all up-to-date hospitals on the American Continent, there is always a trained dietician to train the pupils. On more than one occasion she has been a graduate of Teachers' College, Columbia University, New York. This is of great interest, inasmuch as that it is there that a Chair of Nursing and Health has been established. The Social Service Department of this hospital is doing splendid work; it is under the control of the

Women's Auxiliary. A beautiful new Nurses' Home—second to none, surely!—was opened on the first day of the year. My thanks are due to Miss Stohart, the Assistant Superintendent, who kindly conducted us over the building, affording us opportunities of seeing everything. Miss Randal, the Superintendent, was away for her holiday; she was present at the San Francisco Convention.

#### TORONTO GENERAL HOSPITAL.

To pass from the Vancouver General Hospital to the "Toronto General" meant a railway journey of something like 2,000 miles of space, and of beauty incomparable. One cannot speak of the Canadian Rockies in cold blood; one's pulses quicken at the bare thought of their tremendous

is worthy of the great and rich city of Toronto. Being so new, it has the advantage of possessing everything of the newest that the art of architecture can design, and medical science can require. All told, its capacity is 725 beds. In speaking of the new hospital, one must not forget the old, its mother which gave it birth. Presided over by a pioneer and one of Canada's most prominent Nurses, for 26 years it was one of the first and best training schools of the Dominion. It has been my pleasure to meet some of Miss Snively's Graduate Nurses who talk of her with the greatest respect and affection, and their term of training as a happy reminiscence. The old building is now used as barracks for the soldiers who are training for war service. Miss Gunn is the Superintendent of the New Hospital; and she



RECEPTION HALL, NURSES' HOME, VANCOUVER GENERAL HOSPITAL.

splendour, they cannot be passed over, so I will use an abler pen than my own to give a very brief description. Mr. Lawrence J. Burpee, in describing the approach to them from the east, says:—"As you follow the course of the sun, the peaks loom gradually up into the sky and dominate the scene, but still retain the atmosphere of another world. The rolling foothills in the foreground, like spent waves from the storm-tossed sea, seem tangible and comprehensible, but beyond and above the dark ramparts of the outer range the towering outer wave of the mountains, floatsilvery outlines that seem to be the fabric of some other and purer world." One felt thankful for the foothills, which soften the contrast between the Rockies and the level, treeless prairies.

This hospital which is only just two years old

kindly gave us most of her time one morning to conduct us over, and then restored our spent energies by giving us a delicious lunch afterwards.

It is built on the Block system, one being for the accommodation of private patients; there are 150 beds in this Block.

The "Unit System" is also in vogue here. It consists of 1 male ward, 1 female, 1 operating room, 1 pathological ward, a kitchen and the Head Nurses' office. It comprises 36 surgical beds, and 65 medical. The Unit kitchen is very fine and serves as a school of dietetics, presided over by the instructing dietician, who gives four weeks' instruction. The nurses in the private patients' Block, do all the cooking for their patients and receive thirty lectures in dietetics. All the nurses receive special instruction



in the setting of trays. All crockery used in the wards is sterilized every day. Male cooks only are employed in the main kitchen, and the cooking is done entirely by steam. The newest thing in hospital kitchens that I have seen is a metal canopy placed over the steam-cooking plant, furnished with a pipe which carries off the steam and leaves the kitchen cool. There are many theatres, and the Unit system is carried out in this department also—namely: a surgeon's room, a theatre, a sterilizing room, an anaesthetic room, and the doctor's dressing room. I forgot to mention that besides the small unit diet kitchens, there is a large general one, together with a demonstration room. I am fearfully tempted to give a more detailed description of this beautiful hospital, but I must adhere to my purpose. I should, however, be doing an injustice to the whole of Canada if I omitted one important fact, namely, that a large room in the hospital serves as a clearing house for most of Canada, for supplies and comforts sent out to the base hospitals which the Dominion has so generously supplied. The Toronto General has also the honour of having sent out 60 Graduate Nurses to the Front. I wanted to have included in this article some "impressions" of the Children's Hospital, but must defer that to the next time.

BEATRICE KENT.

## WYPERS.

She was but a young creature, with the fragility that is so often seen in the girls of our factories. Her abundant fair hair and delicate features went to the making up of a sweet appealing face. At the moment there was a troubled frightened look in her grey eyes as she closely observed the movements of the nurse about her room. The room in question was typical of hundreds such in the East End—bedroom and parlour combined. In this instance there was a completeness about the tea service on the chest of drawers, a freshness about the pictures on the wall, a glossiness about the linoleum on the floor which told its own tale.

The girl standing by the bed had been married less than a year, and save for the nurse she had to face her ordeal alone.

"Christmas Eve, too," she remarked, "and me jist got me dinner in. Yer see, somehow I got it into me 'ead as my chap 'ull be back to-morrow. I'm glad I got my chains up," looking at the wealth of coloured paper that stretched from corner to corner of the ceiling, "and if it 'adn't been as I shipped off the chair just as I finished I b'lieve I should 'ave gone over to-morrow all right. 'Tis a shame. But I dunno as 'ow I minds, for unless 'e *does* come it would be awful lonesome."

"You'll have company to-morrow—that won't give you time to feel lonesome," remarked the nurse cheerfully. "Which is it to be, a boy or a girl?"

"Oh, nurse, I dunno what I shall do if it ain't a boy. Mine 'e's so set on it. Last letter 'as I 'ad 'e ses 'It 'ud be all right if I was to pop in on yer, Christmas day, you and me and the little 'un, old girl. Not 'alf. I 'ope its a boy, old dear, and mind you calls 'im Wypers.'"

"What a name to give the child," said nurse, but she didn't work where she did for nothing, and she recognised its connection with Ypres.

"Well, it don't seem 'ardly the thing for a little innercent bibby, do it? But I reckon as 'ow my sweet-art's got a right to choose, seen' as 'ow its 'is bibby, and 'e'll get a medal for bravery at Wypers. You ain't a goin' to leave me nurse," the frightened look returning to her eyes. "I ain't got no one else. Mine 'e never cared for me to mix up with no one, and the lidy downstairs is most always at the 'George' since her chap went out."

A struggle went on in the nurse's mind. She knew it would be some hours before she was really required, and she had left a cosy fire, and a Christmas number at her little flat. But she resolved to do her "bit," so she stayed with Tommy's girl wife.

The bell of the midnight Mass sounded at the moment that Wypers was born.

Nurse, almost as pale as the girl on the bed, was wiping the sweat from the young mother's brow.

The lidy downstairs had understood in a fuddled fashion that a doctor must be fetched—there were no husbands this year to perform that office.

Would he never come? Overworked he was, poor man, trying to do the duties of his colleague at the front, as well as his own.

The lidy on her return reports "Out, my dear, and 'is missus can't ezactly say where I could find 'im."

"Too late," says the nurse, as she closes the grey eyes and folds the slender hands with the gleaming "reel gold" marriage ring, upon the quiet breast.

"She fretted inward like," her mother said when she arrived the following day.

The nurse, being a good woman, and seeing that the short life was drawing swiftly to its close ere it had well begun, had baptised the baby "Wypers." "It doesn't seem right," she thought, "but I haven't the heart to alter it."

On the same night, somewhere in France, at a base hospital, the Sisters had done their best to give their charges an English Christmas.

Tommy, after the manner of his kind, had entered with interest into the preparations, despite homesickness, aching wounds, and loss of limbs.

But here and there was one who was beyond effort, and whose sands were running low.

From the bed of Private 15082 came from time to time the low muttering of delirium.

"I told yer I'd be back for Christmas, mate, me an' you an' Wypers. 'Ow'll that do for yer? Ha, ha, ha, where's the little 'un?"

The three strokes of a church bell announce

that the midnight Mass is accomplished, and that the Christ Child dwells once again with the sons of men.

Private 15682 ceased to laugh when he heard the bell, and a wondering look came over his face. "Little 'un," he whispered, "are you Wypers? I *knew* I'd be home for Christmas."

And so he was.

Because neither time nor space matters at all to the Divine Child, and because His little Heart is so compassionate He had come to say that He had fetched Wypers to spend Christmas with his daddy and mummy.

H. H.

### COMING EVENTS.

January 6th.—Nurses' Annual Re-union, Kensington Infirmary, 3 p.m. Guests are invited to stay all the evening.

### LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### THE SOCIETY SUPER-MATRON.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have read with interest all you have written on the Endsleigh Palace Hospital case. It is very extraordinary from many points of view. The claim is that because certain rich people subscribe to military hospitals they should govern them absolutely and all the unfortunate people who staff them. But do subscribers of voluntary hospitals not subsidised by the State make this claim? Perhaps in a certain sense they do, but not to the extravagant extent claimed by the Society woman. Imagine the wife of the Chairman of a hospital—the London, say, or Thomas's, for instance—demanding an office next door to that of the Matron, proceeding to take precedence in a professional sense of the "senior nursing officer," engaging the nursing and domestic staff, visiting the wards at all hours, instructing the nurses in the management of the wards, receiving visitors and taking them round the wards at will; how long would it be possible for a Matron to maintain discipline under these conditions? The system is absolutely impossible, and that the Army Medical Department at the War Office has instituted or permitted such a system in auxiliary military hospitals is an insult to the whole nursing profession. I do not wonder there has at last been a "nurses' strike." It was high time. I fear, however, our moral cowardice as a whole may be responsible to some degree for the undignified position in which we now find ourselves.

Yours truly,

A MEMBER OF MATRONS' COUNCIL.

### WAR TEMPER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—During the past year we have heard much of "War Nursing," as if nursing the sick and wounded is fundamentally different from nursing any other sick body. *We*—that is, we professional nurses, know that nursing in war must be founded on exactly the same scientific principles as nursing in peace, and having said that, all the nonsense written about women "qualifying" in a few weeks for "War Nursing" is so much dangerous quackery.

But how about "War Tempers"? May we justifiably recognise such an excuse for lack of serenity in hospitals during the unusual disorganization consequent upon the War? I merely ask because the War has, on more than one occasion, been put forward in the hospital in which I am on duty, as an excuse for loss of temper. For instance, labour of all kinds is scarce, with the exception of nursing help—of that there is an abundant sufficiency. But of domestic labour our hospitals are short; domestics for the Home, ward-maids, even scrubbers, are now almost impossible to procure, with the result that we are reverting somewhat to the old order of things, when probationers and staff nurses did much of the ward cleaning, and, indeed, in my day the Sister herself often gloried in a good "scrub up and polish."

Now, the fact that a ward is left minus a ward-maid appears to result in a general collapse, so far as equanimity upon the part of Sister and Nursing staff is concerned. The work is not done—the Sister "goes for" the Staff nurse, the "Staff" worries the Pro.—the "dust flies," but not attached to the duster. Matron remonstrates and is told "It's only a bit of War temper," which apparently she stirs to boiling point by suggesting that "all grades should take a hand with the cleaning and get it done." She, wobbling on her peace-time pedestal, is restored to the perpendicular upon the burst of laughter which greets the remark of a "war worker" from the North, who exclaims, "I see nowt agin it."

This special Matron does not approve of the taste she has had of "War Temper."

Is there an antidote?

Yours,

ALWAYS AN INTERESTED READER.

### REPLIES TO CORRESPONDENTS.

Miss F. E. H. (London).—Write to Miss Pearse, Superintendent of the L.C.C. School Nurses, Education Department, L.C.C., 2, Savoy Hill, W.C.

### OUR PRIZE COMPETITIONS.

January 1st.—State generally the symptoms of gastric ulcer and the dangers arising therefrom. How would you feed a patient suffering from this disease?

January 8th.—Describe what you consider the most sanitary and practical form of bed-pan cover, and how best to cleanse spittoon "for ward use.

# The Midwife.

## MIDWIFERY IN 1915.

### THE CENTRAL MIDWIVES BOARD.

The decision of the Central Midwives Board to raise the minimum term of training from three to six months, except in the case of candidates holding certificates of three years' training as nurses, is a move in the right direction. The new regulations which have been approved by the Privy Council come into force on July 1st, 1916,

### LEGISLATION FOR SCOTLAND.

The Midwives (Scotland) Bill has passed its third reading in the House of Lords, and is expected to receive the Royal Assent immediately. The Bill differs from the English Act in providing for the appointment of two practising midwives on the Central Midwives Board for Scotland, to be appointed by the Lord President of the Council. Provision is also made for the payment to a midwife who has been suspended from practice, pending the decision of her case by the Board, of reasonable compensation for loss of practice if a charge against her has been decided in her favour. Permission is given for the Board to pay, in whole or in part, the expenses incurred by any midwife required to appear before them in her own defence. It may also prohibit a woman whose name is removed from the Roll from attending women in childbirth in any other capacity and may suspend a midwife in lieu of removing her from the Roll.

Provision is also made for the payment of the fees of a medical practitioner summoned to the assistance of a midwife, in an emergency.

The Bill also provides for the payment of the reasonable expenses of members of the Board in respect of their attendance.

It also gives an officer of the L.S.A. power of entry into premises which he has reason to believe are conducted for profit as a lying-in home.

### L.C.C. GENERAL POWERS BILL.

The L.C.C. General Powers Bill, providing for the Registration of Lying-in Homes, gives the powers of supervision to the London County Council, but permits it to delegate these powers to the Borough Councils. It is sincerely to be hoped that the Council will retain these powers.

## REGISTRATION OF LYING-IN HOMES.

The latest dates for receiving applications for the registration of existing lying-in homes and establishments for massage or special treatment by the London County Council are 28th and 23rd December, 1915 respectively. January 14th and the following day, if necessary, have been fixed for hearing such applications. After February 1st, 1916, it becomes illegal to carry on an unregistered home or establishment.

## THE MIDWIVES (SCOTLAND) BILL.

### DEBATE IN THE HOUSE OF LORDS.

On Tuesday, December 14th, the House of Lords went into Committee on the Midwives (Scotland) Bill, the Earl of Donoughmore being in the chair.

On Clause 1 the Lord President of the Council, the Marquess of Crewe, moved the substitution of the word "subsection" for "section" at the end of subsection (2), which was a drafting amendment.

### CONSTITUTION OF BOARD.

The principal discussion took place on Clause 3, which defines the Constitution of the Central Midwives Board for Scotland set up under the Bill, the composition of which we have already notified.

Lord Strachie who intervened on this clause to put questions to the noble Marquess, the Leader of the House, said, according to the Official Report, that he did not for a moment object to the general principles of the Bill; quite the contrary, because in England a similar measure had worked very effectively and proved a great advantage. He intervened because old friends of his, Liberal Members of the House of Commons, were not at all satisfied with the provisions of the Bill. He asked them why they did not raise the matter in the House of Commons, and they replied that under present arrangements, and with a Coalition Government it was practically impossible for independent members to do anything there, and to his surprise these Radical members said they had to look to the House of Lords for freedom of debate for having matters threshed out.

The first question he wished to ask was why it was thought necessary to constitute another Board for Scotland? At the present time there were, he was informed, nineteen Boards established in Scotland; he was further informed that it would be easy for the whole of this work to be done by the Local Government Board for Scotland. That Board, he was told, had very little to do at present. He spoke under correction, but that was the view of a number of Scottish Members of the House of Commons. That would save a certain amount of expenditure, because, obviously you could not establish a new Board even in Scotland, where things are done much cheaper than in this country, without having officials and a certain amount of expenditure. Moreover, Clause 15 empowered the Lord President of the Council to appoint a paid secretary for the new Board which it was proposed to constitute.

The fees obtained from midwives registered under the Bill would not amount to a large sum, and he noticed that power was given to the new Board to make up any deficiency out of the local

rates, so the Bill had a double effect—not only would it lead to an increase of general expenditure from the Imperial Exchequer, but it would also lead to an increase in local rates. His Scottish friends thought that, as the Government were always talking about economy, they should practise what they preached, whereas here they were setting up quite unnecessarily a body of new officials and incurring additional expenditure. Perhaps his noble friend in charge of the Bill could give an estimate of what the extra expenditure would be on the Exchequer and on the local rates, and also state the reason why the object desired could not be achieved by giving this work to the Local Government Board for Scotland instead of setting up a new Board.

Lord Balfour of Burleigh said that he was for eight years responsible for the government of Scotland, and this was the first time he had heard there was very little work for the Local Government Board to do. The Local Government Board for Scotland had not and could not have any of the technical knowledge that would be at the disposal of a Board such as that indicated in this Bill. In regard to expense, he was assured that if the same relative expenses were incurred in Scotland as in England, as soon as the Act came into force, there should not be a total expense of more than £200 or £300 a year to be defrayed from Imperial and local resources. Even in these days of strict economy, that did not seem a serious prospect. He hoped the noble Marquess in charge of the Bill would resist the noble Lord's suggestion.

The Marquess of Crewe said he could not accept the noble Lord's suggestion. It would entirely destroy the structure of the Bill, if the provision for the appointment of a representative Board were eliminated. He went on to explain the working of the English Act, after which Lord Strachie expressed himself quite satisfied, and Clause 3 was agreed to.

#### SUSPENSION FROM PRACTICE.

In regard to Clause 6, "Provisions as to suspensions," the Marquess of Crewe moved an Amendment to delete the words authorizing the Board "to suspend a midwife from practice for such period as the Board think fit." That might be for the term of her natural life. On the other hand, there was an appeal from a sentence of removal from practice altogether. Although one need not suppose that rules would be so made, or would so act, it would not seem right that a power should be given of practically destroying a right of appeal by allowing indefinite suspension. He proposed to omit the words, "for such period as the Board think fit," and this was agreed.

#### APPOINTMENT OF AUDITOR.

On Clause 13, "Fees and Expenses," the Marquess of Crewe moved to omit the words, "who shall be a member of one of the Societies of Chartered Accountants in Scotland, or a member practising in Scotland of the Society of

Incorporated Accountants and Auditors," and to insert "practising in Scotland, to be appointed annually by the Secretary for Scotland." Certain variations had to be made from the English Act, on account of the difference of Scottish procedure. The appointment of an auditor by the Secretary for Scotland followed the uniform practice in similar cases; and the change had the advantage that it removed from the Board the power of appointing their own auditor, and in most cases it was considered desirable that the auditor should be appointed from outside rather than by those whose accounts had to be audited. The amendment was agreed to with the remaining clauses. The Bill has now passed its third reading.

## THE CENTRAL MIDWIVES BOARD.

### PENAL BOARDS.

Penal meetings of the Central Midwives' Board were held at the Board Room, Caxton House, Westminster, S.W., on Thursday, December 16th, and Friday, December 17th (Sir Francis Champneys presiding) to consider charges against midwives, with the following results:—

THURSDAY, DECEMBER 16TH.

*Struck off the Roll and Certificate Cancelled.*—Mary Ann Coulthard (No. 7202), Maria Grundy (No. 3643), Jane Jackson (No. 1629), Annie Maycock (No. 8932), and Mary Anne Simpson (No. 20143).

In the case of Mary Ann Coulthard, the Inspector deposed that the midwife could read a thermometer, but could not set it.

In the case of Maria Grundy, the Health Visitor reported that she herself took a temperature and asked the midwife to read the thermometer; she stated that it registered 93.4, and that the patient's temperature was the same on the previous day.

The second charge against Jane Jackson was that, being in attendance at a confinement, she neglected to disinfect her hands and forearms, to wash and swab the patient, to take a record of pulse and temperature at each visit, to explain that the case was one needing the attendance of a registered medical practitioner when the patient presented symptoms of serious illness and suffered from a raised temperature.

The Chairman, in giving judgment, said this was a very serious charge; the midwife admitted that she had not washed her hands, and the patient developed puerperal fever.

The midwife admitted, in her defence, that she could not take a temperature, but said she could tell the patient was ill from her experiences.

Mrs. Maycock, who had been cited before the Board in 1911 and severely censured, writing, to meet the indictment against her, spoke of "the charges of which the most part is lies," and added "any bad-minded woman can lay a charge against you and there is no chance of confuting it."

Mary Ann Simpson, who was defended by her solicitor, Mr. Parkes, had been before the Board in 1907, on a charge of drunkenness and other



offences against the rules. On the present occasion, one of the charges was "that, on Friday, August 20th, 1915, on the occasion of the visit of the Inspector of the Local Supervising Authority, you were drunk and incapable of attending a confinement." The Chairman, in giving judgment, referred to the point that technically she was not drunk on duty. The Board, however, were of opinion that she was not safe as a midwife, and she would be struck off the Roll.

*Judgment Suspended.*—Mrs. Elizabeth Read, who appeared before the Board, accompanied by her husband, was charged with not explaining in the case of a patient in her house that it was one in which the attendance of a registered medical practitioner was required, and did not hand to the nearest relative or friend the form for medical help. Also of attending other cases, after having been warned by the Inspector of Midwives, and the doctor called in, without disinfecting herself and her clothing and appliances to the satisfaction of the Local Supervising Authority. Her defence was that she *did* explain that the case was one in which a doctor was required; but the patient, who was a single woman, said she would rather die than have one. The nearest relative or friend was ten miles away. A medical man, in Diss, who wrote, giving the midwife an excellent character, stated that, if she were removed from the Roll, her duty would fall on the medical men in Diss, and assured the Board they could not do it with medical men away on war work.

The Chairman informed Mrs. Read that she was twenty-four hours' late in asking a medical practitioner to attend. She was over-ruled by the patient, and that should not be. She must realize the danger, and not endanger the lives of patients by her good nature. Judgment would be suspended and the Local Supervising Authority would be asked for a report of her work in three and six months' time.

The position of a midwife who explains to a patient to whom the medical man must look for his fee that his attendance is necessary, when the patient declares that she would rather die than have him, is somewhat a difficult one. Under the Scottish Bill, provision is made that, where the medical practitioner is called in in an emergency the Local Supervising Authority shall pay a sufficient fee, with power to recover from the husband, or guardian, except in cases of poverty.

In the case of Emily Dale, it was decided to ask the Local Supervising Authority for a report in three months' time, stating that she is able to record pulse and temperature correctly. Failing that, she will be struck off the Roll.

(To be concluded.)

#### ADJOURNED CASES.

Two final reports and one interim report from Local Supervising Authorities were read on cases adjourned for judgment, and no action was taken, as the reports were favourable.

#### MONTHLY MEETING.

The monthly meeting of the Central Midwives Board was held at the offices of the Board, Caxton House, Westminster, S.W., on Thursday, December 16th, Sir Francis Champneys presiding.

#### REPORT OF STANDING COMMITTEE.

A letter was read from the Medical Officer of Health for Salford, asking whether a midwife in delivering a patient under the conditions specified comes within the provisions of the Midwives Act, 1902. Dr. Tattersall said he had been consulted as to a practice in Manchester of engaging a medical practitioner for a confinement, and also engaging a nurse whom he knew and had confidence in. If the case came off in the night the medical man was not called up except in an emergency, but he took full responsibility for it.

The Board replied that under the circumstances mentioned in Dr. Tattersall's letter he be informed the nurse is acting as a midwife, and therefore comes within the provisions of the Midwives Act, 1902.

The Medical Officer of Health of Lancashire wrote asking the opinion of the Board on a request made by one of the Lancashire non-county Boroughs that the Borough Health Visitor should be allowed to call at houses in which a confinement has recently taken place, and at which a certified midwife is in attendance, with a view to supervising the midwife at work. The Board replied that, generally speaking, the Inspector of Midwives was the only person who ought to visit the house of a lying-in patient during the attendance of the midwife.

The Clerks of two County Councils asked the opinion of the Board as to the signing of Maternity Benefit Forms by registered medical practitioners where the patient had been delivered by uncertified women. It was the opinion of the Board that representation should be made to the General Medical Council with a view to action being taken.

In view of the power given to the London County Council to delegate its powers and duties as to the registration of Lying-in Homes, the Board re-affirmed its Resolution of July 22nd strongly approving the administration of the Act by the Council, on the motion of Miss Rosalind Paget.

#### LAST WORDS FOR 1915.

What's Brave, What's Noble,  
Let's do it.

—Shakespeare.

Heaven over-arches you and me  
And all earth's garden and the grave.

—C. Rossetti.

Let my voice sing out and over the earth  
Through all the grief and strife,  
With a golden joy in a silver mirth—  
Thank God for life.





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